

BUSINESS HOURS

Name of Business _____ License No. _____

Address _____

Days Open for Business

Business Hours

Monday	From	To
Tuesday	From	To
Wednesday	From	To
Thursday	From	To
Friday	From	To
Saturday	From	To

Signature of Proprietor, partner or officer _____

Date _____

CERTIFICATION

This is to certify that I understand the license for which I am making an application may be issued prior to the standard investigation, to include character investigation and facility compliance.

It is, therefore, understood that should any derogatory or disqualifying information be received subsequent to the issuance of the license, I will immediately and voluntarily surrender all items issued.

Signed: _____

Proprietor, Partner or
Corporate Officer

Business Name

Date

EQUIPMENT CONFIRMATION

DEIC/PIF NAME _____ LICENSE NO. _____

I have purchased and installed a State of New Jersey approved:

Make

Model No.

Serial No.

Analyzer _____

Opacity Meter _____

The following designated Inspectors have been trained in the use of:

Analyzer

Opacity Meter

LICENSEE'S SIGNATURE _____

MVC REPRESENTATIVE'S SIGNATURE _____

MVC SUPERVISOR'S SIGNATURE _____

