

STATE OF NEW JERSEY

AUTO BODY INITIAL LICENSE APPLICATION CHECKLIST

In order to ensure prompt processing of your Auto-Body Application, please submit all documents listed below:

- ☐ Completed license form "Application for Auto Body License".
- ☐ Non-refundable processing fee (\$20.00). Certified checks/money order payable to the NJMVC.
- ☐ Completed "Applicant's Information" form BLC-205B form for each individual applicant.
- ☐ Child Support Form BLS-43 form for each individual applicant. This is to be completed even if you do not have child support obligations.
- ☐ Fingerprint Request Notification form BLS-163 form for each individual applicant.
- ☐ Copy of the Driver License for each owner, partner(s), officer(s), or member(s) (**Each non-NJ resident must provide 6-points of identification. Information regarding required identification can be found at <https://www.nj.gov/mvc/license/6pointid.htm>.**
- ☐ Passport size color photograph for each owner, partner(s), officer(s), or member(s). (**Print name on the back of each photograph**)
- ☐ Copy of the business Incorporation/Formation Papers showing the filing date with the NJ Division of Revenue.
- ☐ Copy of Alternate/Fictitious Name Filing Certificate if you are using a "Tradename."
- ☐ Copy of the Federal Employee Identification Number (EIN) Registration Certificate.
- ☐ Copy of NJ Certificate of Authority for Sales Tax.
- ☐ Copy of Property Deed or Lease/Rental Agreement.
- ☐ Business Hours Form BLC-86A form.
- ☐ Municipal Approval Certificate for Business License – **signed and stamped by the municipality** BLS-162 form.
- ☐ Current certificate of inspection from the fire marshal for the building.
- ☐ Stack permit or letter of exemption from the DEP for your spray booth (if applicable).
- ☐ Copy of the phone bill or phone installation order for the business with the business name and address listed on the document.
- ☐ Photographs/plans clearly depicting the complete premises and signage where the dealer intends to conduct business.
- ☐ Statement advising if your facility will be performing painting services. During the site inspection you will be asked to show a fresh air mask for the painter.
- ☐ Evidence of completion from recognized auto body class; at least one class must be taken within one (1) year preceding issuance of the initial license.
- ☐ Provide signed agreement (sample enclosed) if the below listed services will be performed by a facility other than yours: structural repairs, four-wheel alignment, air conditioner services, and/or mechanical repairs.
- ☐ If your auto body repair facility will not be spray painting, please contact this office for additional forms. Prior to your Auto Body repair facility license being issued, a site inspection will be conducted.
- ☐ Worker's Compensation insurance or a statement advising no employees. If any employees are hired, you must immediately provide evidence of Worker's Compensation Insurance.
- ☐ Insurance coverage requirements for damage to property and for liability arising from bodily injury.
 - Garage Liability or equivalent commercial general liability in a minimum amount of \$300,000 or a letter of credit in the amount of \$300,000 **AND**
 - Garage Keepers' liability insurance in a minimum amount of \$50,000 or a letter of credit in the amount of \$50,000. **The certificate holder must read** NJMVC Auto Body Unit PO Box 168, Trenton, NJ 08666-0168

BLC-3 (R08/23)

STATE OF NEW JERSEY

APPLICATION FOR AUTO BODY LICENSE

The undersigned hereby applies for the license checked in Part 3 and submits the following certified statement:

1. _____
Name of Business (if corporation, corporate name) _____
_____ Business Phone _____
Trade Name _____
Business Address _____
City _____ State _____ Zip _____
2. Please check:
☐ Corporation ☐ Partnership
☐ Other ☐ Proprietorship

All applicants please provide the following information

And attach copies of proof thereof:

- A. NJ Sales Tax Identification Number _____
B. NJ Unemployment Registration Number _____
C. Federal Employer Identification Number _____

3. Please check:
☐ FULL-SERVICE LICENSE (PAINTING)
☐ LIMITED LICENSE (NO PAINTING)
☐ SUBLET LICENSE (NEW CAR DEALER)
☐ HEAVY DUTY ENDORSEMENT
Current Auto Body License # _____

4. Complete the following for proprietor, partners, or corporate officers:

Name	Title	Home Address	Telephone

5. Have any of the owners, partners, or officers ever been arrested, charged, or convicted of a criminal or disorderly person offense in this or any other state?

☐ Yes ☐ No If yes, explain: _____

6. Has any current or prospective partner, officer, director, other controlling person, or employee of the applicant previously held a license issued under the authority of the Commission or any other state, which license was suspended or revoked and never reinstated?

☐ Yes ☐ No Give name and address of person: _____

7. Do the owners, principals, partners, or officers now hold, or have they ever held, any of the licenses governed by the NJ Motor Vehicle Commission? ☐ Yes ☐ No If yes, please provide the type and number(s): _____

8. Have the license(s) provided above ever been suspended or revoked in New Jersey or any other jurisdiction?

☐ Yes ☐ No If yes, explain: _____

9. Does this business have a subsidiary company or a parent company? ☐ Yes ☐ No If yes, explain:

10. Have the owners, partners or officers, agents or employees of your organization ever used an alias or been known by any other name? ☐ Yes ☐ No If yes, explain:

11. Does any stockholder own more than 10% of the corporation's stock? ☐ Yes ☐ No
If yes, give name, address and holding:

12. Place of Incorporation: _____ Date of Incorporation:

_____ Date of authorization to do business in New Jersey:

Attach copy of the Certificate of Incorporation/Formation which has been filed with the N.J. Secretary of State. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate or formation papers.

13. Does the location for which you seek a license, or seek to renew a license, comply with all State and local laws, ordinances, and regulations? ☐ Yes ☐ No

14. The applicant certifies all information contained herein is true and agrees that any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for license suspension or revocation and may subject the applicant to administrative, civil, or criminal penalty. Applicant further agrees to notify the Commission immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto. _____ (initial)

15. I am, and will continue to be, in compliance with all State and local laws, regulations, and ordinances regarding the operation of this business. _____ (initial)

16. The individual(s) signing this application certifies that they have read the applicable statutes and are thoroughly familiar with the details provided and potential penalties.

I, the undersigned, hereby certify that I am the (Title) _____ of the above business named _____ and that the information I have submitted is true. I am aware that if any of the statements are willfully false, I am subject to penalty.

Print Name of Applicant

Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary/Member/Partner of the above corporation and have witnessed the signature of _____ who is (Title) _____ of said corporation.

Signature of Secretary/Member/Partner

Date

FOR OFFICE USE ONLY:

License # _____ Date Issued: _____ Reg No. _____
EIN # _____ Email: _____ Technician: _____
Supervisor Approval: _____ Date: _____

Check No.: _____
Check Amount: _____

STATE OF NEW JERSEY

APPLICANT'S INFORMATION

PLEASE PRINT

BUSINESS NAME:		BUSINESS PHONE:	
1. APPLICANT FULL NAME (Including Middle and Suffix, if any):			
2. STREET ADDRESS:			
3. CITY:	4. STATE:	5. ZIP CODE:	6. COUNTY:
7. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?		8. HOME PHONE:	
9. LIST ALL THE CITIES, STATES AND FOREIGN COUNTRIES WHERE YOU HAVE LIVED:			
10. DATE OF BIRTH:	11. PLACE OF BIRTH (CITY, STATE, COUNTRY):		12. SEX:
13. HEIGHT:	14. WEIGHT:	15. EYE COLOR:	
16. DRIVER LICENSE NUMBER:			
17. SOCIAL SECURITY NUMBER: _____ - _____ - _____ * You <u>must</u> disclose your Social Security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure. Pursuant to N.J.S.A. 54:50-25 et. Seq. of the New Jersey taxation law and N.J.S.A. 2A:17-56.7 et. Seq. of the New Jersey Child Support Program Improvement Act, the licensing agency to which this form is submitted is required to obtain your Social Security number. Pursuant to these authorities, the licensing agency is also obligated to provide your Social Security number to: A- The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law, updating, and correcting tax records; and B- The Probation Division or any other agency responsible for child support enforcement, upon request.			
18. HAVE YOU EVER BEEN CONVICTED OF A CRIME ARISING OUT OF FRAUD OR MISREPRESENTATION? YES NO IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY, AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINSTRATIVE TRIBUNAL BEFORE THE CASE TRIED, DATE, AND SENTENCE.			
I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE. I AM AWARE THAT IF ANY OF THE STATEMENTS ARE WILLFULLY FALSE, I AM SUBJECT TO ADMINISTRATIVE, CIVIL, AND/OR CRIMINAL PENALTY.			
SIGNATURE: _____		DATE: _____	

BLC-205B (R08/23)

STATE OF NEW JERSEY

CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)

Date of Birth

Social Security Number

*You must disclose your Social Security number to NJMVC. Failure to do so shall result in denial/non-renewal of licensure.

Pursuant to N.J.S.A. 54:50-25 et seq. of New Jersey taxation law and N.J.S.A. 2A:17-56.7a et seq of the New Jersey Child Support Program Improvement Act, the licensing agency is required to obtain your Social Security number. Pursuant to these authorities, the licensing agency is also obligated to provide your Social Security number to:

- A. The Director of Taxation to assist in the administration and enforcement of any tax law, including for the purposes of reviewing compliance with State tax law, updating, and correcting tax records;
and
- B. The Probation Division or any other agency responsible for child support enforcement, upon request.

Under the provisions of N.J.S.A. 2A:17-56.7a et seq., response to the questions listed below are required intentional misstatements may result in administrative action including, but not limited to, denial of licensure, immediate suspension or revocation of licensure, or criminal prosecution.

1. Do you have a child support obligation? Yes ☐ No ☐
2. If yes, does this amount in arrears equal or exceed the amount of child support payable for six months? Yes ☐ No ☐
3. Are you subject to a child support warrant? Yes ☐ No ☐

I certify that the foregoing responses made by me are true and I am aware that if any of the foregoing statements are willfully false, I am subject to penalty.

Signature

Date

BLS-43 (R08/23)

STATE OF NEW JERSEY

FINGERPRINT REQUEST NOTIFICATION

In accordance with New Jersey law, all auto body applicants are required to undergo a live scan criminal background check by the State approved vendor. Submission of your initial business application authorizes the Commission's Business License Services Bureau to request and receive criminal background check results.

Upon receipt of this notification, each person identified will be mailed a fingerprint application and instructional sheet. Once fingerprinted, the receipt and fingerprint application for each person listed must be forwarded to MVC as proof of completion. The processing of your business application will not begin until all receipts are received.

Do not get fingerprinted for this application until you have received the instructions from the Business License Services Bureau.

BLS-19 (R08/23)

STATE OF NEW JERSEY

FINGERPRINT REQUEST NOTIFICATION FORM

Business Name: _____ Date: _____

**Clearly PRINT the requested personal information for your auto body license application.
N.J.A.C. 13:21-15.1**

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

BLS-163 (R08/23)

STATE OF NEW JERSEY

AUTO BODY BUSINESS HOURS

Business Name: _____ BUSINESS PHONE: _____
Street Address: _____ HOME PHONE: _____
City: _____ State: _____ Zip: _____
CELL PHONE: _____ Email: _____

Monday	-----	From: _____	To: _____
Tuesday	-----	From: _____	To: _____
Wednesday	-----	From: _____	To: _____
Thursday	-----	From: _____	To: _____
Friday	-----	From: _____	To: _____
Saturday	-----	From: _____	To: _____

I certify that all of the information included herein is true to the best of my knowledge and belief. I am aware that, if any of this information is willfully false, I am subject to penalty.

Applicant Name (Print) _____ Title _____

Applicant Signature _____ Date _____

STATE OF NEW JERSEY

MUNICIPAL APPROVAL CERTIFICATE FOR BUSINESS LICENSE

Applicant

Business Name: _____ BUSINESS PHONE: _____

Street Address: _____ HOME PHONE: _____

City: _____ State: _____ Zip: _____

CELL PHONE: _____ Email: _____

Approval Classification of Applicant:

A. Please check appropriate box

- ☐ Initial Application
- ☐ Change of Address
- ☐ Branch Location
- ☐ Verification of Compliance

B. Please check appropriate type of license

- ☐ FULL SERVICE LICENSE (SPRAY PAINTING)
- ☐ LIMITED LICENSE (NO PAINTING)
- ☐ SUBLET LICENSE (NEW CAR DEALER)
- ☐ HEAVY-DUTY ENDORSEMENT

Municipal Zoning Official Certification

I, _____, am duly authorized to sign on behalf of the municipality of _____, County of _____, State of New Jersey. I hereby certify that the Municipal

Governing Body or Zoning Commission has approved the location, establishment and maintenance of the above indicated

business located at: _____ (Complete Address).

Please check the appropriate box:

- ☐ This site was visited by a Zoning Official/ Municipal Representative prior to approval.
- ☐ This site was not visited by a Zoning Official/ Municipal Representative prior to approval.

Please specify any stipulations or restrictions of your zoning approval: _____

Municipal
Seal

Signature of Zoning Officer/Municipal Official

BLS-162 (R08/23)

Print Name

Phone Number

AUTO BODY SHOP EXEMPTION FORM (revised August 2016)

I have been informed that an air pollution permit is not required by the Department as established in N.J.A.C. 7:27-8.2 {Eleventh Amendment, operative June 12, 1998} due to the following reason – (select by checking the appropriate box below)

- ☐ **Option 1** - my coating application **WILL NEVER EXCEED** ½ gallon per hour at any time **and** my spray booth **DOES NOT** contain a heating device(s) with a rating of 1,000,000 BTU/hr or greater;

OR

- ☐ **Option 2** - my coating application **WILL NEVER EXCEED** ½ gallon per hour at any time **and** my spray booth(s) **DOES** contain heating device(s) with a rating of 1,000,000 BTU/hr or greater.

If you selected Option 2, provide the following information:

- Facility (PI) ID# _____
- Air permit #(s) [GEN and/or PCP] _____

I understand that if at any time my coating rate does exceed the above applicability threshold of ½ gallon in any one hour, and/or the heating device does equal or exceed 1 million BTU/hr, it is my responsibility to apply for the necessary air permit(s) and certificate(s).

I further understand that as a "Mobile Equipment Coating Repair and/or Refinishing Facility (e.g. Auto Body Repair Shops) I am required to operate my facility in compliance with N.J.A.C. 7:27-16.12 (as detailed on the attached pages). This is required by the Department as established in N.J.A.C. 7:27-16.12a (Seventeenth Amendment, operative April 25, 2004).

Lastly, I understand that if I exceed the above selected thresholds and fail to apply for the necessary air permit(s) and certificate(s), or if I do not operate my facility in compliance with N.J.A.C. 7:27-16.12, that I will be subject to enforcement action(s) which may include civil and criminal penalties, including the possibility of fines and/or imprisonment, for submitting false, inaccurate or incomplete information.

I certify under penalty of law that I believe the information provided in this document is true, accurate and complete.

Certifying Signature _____

Print Name of Certifier _____

Title of Certifier _____

Name of Facility _____

Address of Facility _____

Phone # _____

Today's Date _____

Note to Auto Body Shop: Keep a copy of this signed form at your shop. You will need it for your records, and you will also probably need it to renew your DMV auto body shop license.

THIS FORM MUST BE EMAILED (preferred) OR FAXED TO THE NJDEP REGIONAL OFFICE WHICH COVERS YOUR COUNTY LISTED BELOW:

For Bergen, Essex, Hudson, Hunterdon, Morris, Passaic, Somerset, Sussex, Union and Warren Counties

NJDEP Northern Regional Office – Email - AirC&E-Northern@dep.nj.gov ; Fax – 973-656-4080

For Burlington, Mercer, Middlesex, Monmouth and Ocean Counties

NJDEP Central Regional Office - Email - AirC&E-Central@dep.nj.gov ; Fax 609-292-6450

For Atlantic, Camden, Cape May, Cumberland, Gloucester and Salem Counties

NJDEP Southern Regional Office - Email - AirCE-Southern@dep.nj.gov ; Fax 856-614-3613

STATE OF NEW JERSEY

AUTO BODY SUB-CONTRACT AGREEMENT

I, _____, am the owner of _____
(Sub-contractor) (Business Name)
located at _____ hereby certify that I have entered
(Business Address)
into an agreement with _____ located at
(Applicant's Name)
_____ to perform the below listed
(Applicant's Address)
services.

- ☐ Four-Wheel Alignment
- ☐ Air Conditioning Services
- ☐ Mechanical Repairs
- ☐ Structural Repairs (Frame Machine)
- ☐ All of the above services are performed in house.

I understand that this document will be attached to his/her New Jersey Auto Body Repair Facility License.

(Subcontractor Signature)

(Applicant's Signature)

(Date)

BLS-164(R08/23)

STATE OF NEW JERSEY

Philip D. Murphy
Governor

Tahesha L. Way
Lt. Governor

Latrecia Littles-Floyd
Acting Chair and Chief Administrator

AUTO BODY PAINTING SUBCONTRACTING AGREEMENT

I, _____, owner of _____
Contractor's Name (please print) (Facility Name)

Located: _____, hereby certify that I have entered
(Business Address)

into a subcontracting agreement with _____,
(Applicants Name)

to provide painting services for vehicles damaged as a result of a collision. I understand that
this document will become a part of the Applicant's New Jersey license record.

Full Service Auto Body Repair Facility License

ABR#

Signature Contractor

Signature Licensee

Date

Date