



Business Licensing Services Bureau
 P.O. Box 170
 Trenton, New Jersey 08666-0170
 Phone: (609) 292-6500 Ext: 5014
 Fax: (609) 292-4400
 E-mail: MVCblsprocessing@mvc.nj.gov

INSPECTOR LICENSING

2 Year License - \$50.00

New Re-Cert. Endorsement

For Official Use:

ID Approval _____

License # _____

Issue Date _____

MVC Rep. Approval _____

Full Name

Print Mother's Maiden Name

Address

City, State, Zip Code

County

Contact Phone Number

1. Date of Birth _____

2. Place of Birth _____

3. Sex _____

4. Height _____

5. Weight _____

6. Eye Color _____

7. Driver License # _____

7. State _____

8. Social Security # _____

9. Email Address _____

Please indicate the name and address of the inspection facility for which you are employed. If additional space is needed, please attach a separate sheet, and be sure to include your name on the top of the additional page.

Inspection Facility	Telephone
Address	City, State, Zip Code
Contact Person	Contact Email Address

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I may be subject to punishment.

Signature _____ Date _____

ATTACH COPY OF INSPECTOR TRAINING PROGRAM CERTIFICATION



Business Licensing Services Bureau
 P.O. Box 170
 Trenton, New Jersey 08666-0170
 Phone: (609) 292-6500 Ext: 5014
 Fax: (609) 292-4400
 E-mail: MVCblsprocessing@mvc.nj.gov

EXAMINATIONS

Gas Diesel

Written Test Results:

 Applicant Name

 Written Test Score

 Testing Facility

 MVC Representative Signature & ID#

 Date

Hands-On Test Results:

_____ Passed

_____ Failed

 Testing Facility

 MVC Representative Signature & ID#

 Date

REJECTION	DATE	INSPECTION	RETURN DATE