



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**



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# EXAMINATIONS

Gas    Diesel

### Written Test Results:

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Written Test Score

\_\_\_\_\_  
Testing Facility

\_\_\_\_\_  
MVC Representative Signature & ID#

\_\_\_\_\_  
Date

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### Hands-On Test Results:

\_\_\_\_\_ Passed

\_\_\_\_\_ Failed

\_\_\_\_\_  
Testing Facility

\_\_\_\_\_  
MVC Representative Signature & ID#

\_\_\_\_\_  
Date

REJECTION	DATE	INSPECTION	RETURN DATE