



Motor Vehicle Commission

STATE OF NEW JERSEY
Business License Services
(609) 292-6500 ext.5014

Enclosed are the applications necessary for the issuance of a PRIVATE INSPECTION FACILITY (PIF/PFF) LICENSE. Please ensure that all of the items below are returned for the processing of a license.

A copy of your driver license

Initial Application

Supplementary Application

Child Support Certification

Tax Return

License fee \$210.00 (make check payable to MVC)

Business License Application Form

License Certification Form

Copy of corporate papers (if applicable)

Original Certificate of Insurance in the amounts of \$300,000 bodily injury and \$50,000 property damage. The certificate holder should read:

Motor Vehicle Commission
Business Licensing Service Bureau
P.O. Box 170
Trenton, NJ 08666

Color photo of each officer, owner, partner or corporate officer

Fingerprint

Business hours

Copy of equipment lease/purchase

PIF emission inspector certificate form

Copy of the emission inspector(s) license(s) for your facility

Copy of Certificates listed below:

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

If you have any questions, please contact us at the phone number listed above.

APPLICATION FOR LICENSE

FOR OFFICE USE ONLY

License No. _____

Date _____

Reg. No. _____

Approved by _____

Email _____

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

Corp Code _____

 1. _____
 Name Of Business (if corporation, corporate name)

Business phone _____

Trade Name _____

2. Please Check

 Corporation Partnership Proprietorship

Street Address _____

 Other _____

City _____ Zip Code _____ County _____

3. Please Check appropriate Box for License:

All applicants please provide the following information and attach copies of proof thereof:

A. NJ Sales Tax Identification Number _____

 Leasing Company

 New & Used Motor Vehicle Dealer

B. NJ Unemployment Registration Number _____

 Driving School

 Auto Body Repair Facility

C. Federal Employer Identification Number _____

 Moped Dealer

 Used Motor Vehicle Dealer

 Junkyard

 Fleet DEIC

 Private Inspection Facility

 DEIC

 Fleet Fleet Inspection Facility

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

 Other _____

Name

Title

Home Address

Telephone Number

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

 Yes if yes, explain:

 No

6. Do you knowingly intend to employ a person who has been convicted of the above, or any other crime or who was previously licensed as any of the above in this or any other state and was subject to license suspension or revocation?

 Yes _____

 No Give name and address of person

7. Have the owners, partners or corporate officers ever held any of the above licenses?

 Yes

 No If yes, please explain the type of license and license numbers _____

8. Was the license ever suspended or revoked?

If yes, explain:
[] Yes
[] No

9. Have the owners, partners or corporate officers, agents or employees of your organization ever used an alias or been known by any other name

If yes, explain:
[] Yes
[] No

10. Does any stockholder own more than 10% of the corporation's stock?

If yes, give name, address and holding

[] Yes
[] No

11

_____ Place of Incorporation/Formation

_____ Date of Incorporation/Formation

_____ 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/formation papers.

12 The applicant certifies all information contained herein is true and agrees 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. He 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.

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

I, the undersigned, hereby certify that I _____ of the above business previously named _____
Owner, Partner, Officer, Member

and that the information I have submitted is true to the best of my knowledge.

_____ 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 _____ of said corporation.
President, Vice-President or Member

_____ Signature of Secretary/Member/Partner

**STATE OF NEW JERSEY
MOTOR VEHICLE COMMISSION
BUSINESS LICENSING SERVICES BUREAU
P.O. BOX 172
TRENTON, NEW JERSEY 08666-0172**

MUNICIPAL APPROVAL CERTIFICATE FOR BUSINESS LICENSE

Applicant Information

Applicant Name: _____ Title _____
Business Name: _____ Business Phone: _____
Street Address (include suite #) _____
City _____ Zip _____

Approval Classification of Applicant

A. Please check appropriate box:

- Initial
- Change of Address
- Branch Location
- Existing Facility Zoning Compliance**

B. Please check appropriate type of license:

- Boat Dealer
- Driving School
- Used Motor Vehicle Dealer
- New & Used Motor Vehicle Dealer (**Please specify type of vehicle**)

- Leasing Company
- Moped Dealer
- PIF/PIM

- Auto Body Facility (Check all that apply)**
 - _____ Full Service Auto Body
 - _____ Limited Full Service Auto Body
 - _____ Sublet Auto Body (new car dealer)
 - _____ Heavy Duty Vehicle Endorsement

Municipal Zoning Official Certification

I, _____, Clerk of the Municipality of _____,
County of _____, State of New Jersey, 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 appropriate box:

- Site was visited by a Zoning Official/ Municipal Representative prior to approval
- Site was not visited by a Zoning Official/ Municipal Representative prior to approval

Please specify any stipulations of your zoning approval: _____

Municipal
Seal

Signature of Municipal or Zoning Board Clerk

Date

Print Name

Contact Number

BUSINESS LICENSE SERVICES SUPPLEMENTARY APPLICATION

BUSINESS NAME	BUSINESS PHONE #
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1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY

2. STREET ADDRESS	CITY	STATE
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3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?	HOME PHONE #
--------------------------------------------------	--------------

4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.

5. DATE OF BIRTH (MO. DAY, YEAR)	6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)
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7. SEX	8. HEIGHT	9. WEIGHT	10. COLOR OF EYES
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11. SOCIAL SECURITY NUMBER	12. DRIVER LICENSE NUMBER (STATE)
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13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? YES NO

IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.

14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____ DATE _____

1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY

2. STREET ADDRESS	CITY	STATE
-------------------	------	-------

3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?	HOME PHONE #
--------------------------------------------------	--------------

4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.

5. DATE OF BIRTH (MO. DAY, YEAR)	6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)
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IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.

14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: _____ DATE _____

CHILD SUPPORT CERTIFICATION FORM

Business Name

Applicant's Name (Print)

Date of Birth

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Misstatements will be just cause to take administrative action including, but not limited to, denial of licensure, immediate suspension or revocation of the license.

1. Do you have a child support obligation? Yes No
2. If yes, do the arrearage amounts 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 the making of false statements may subject me to contempt of court.

Signature

Date



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 172, Trenton, NJ 08666-0172
(888) 486-3339 ext. 5014 toll-free in NJ
609-292-6500 ext. 5014
mvcblscorrespondence@dot.state.nj.us

STATE OF NEW JERSEY

Fingerprint Request Notification

In accordance to regulatory requirements, it is mandated that all persons identified in the initial business application (proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents) undergo a live scan criminal background check by the state approved vendor. Submission of your initial business application authorizes the Commission's Business Licensing 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.

Complete the attached Fingerprint Request Notification Form listing each person identified in the business application. If an e-mail address is provided, the documents will be e-mailed to those individuals, otherwise it will be mailed.



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 172, Trenton, NJ 08666-0172
(888) 486-3339 ext. 5014 toll-free in NJ
609-292-6500 ext. 5014
mvcbllscorrespondence@dot.state.nj.us

STATE OF NEW JERSEY

Fingerprint Request Notification Form

Business Name: _____ Date: _____

Clearly PRINT the following information for all persons identified in the initial business application (all proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents)

Applicant Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____

Applicant Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____

Applicant Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

E-Mail Address: _____

Copy and submit additional sheets if needed



New Jersey Motor Vehicle Commission

Office of Regulatory Affairs
Business License Services
P.O. Box 170
Trenton, New Jersey 08666-0170

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 _____



NEW JERSEY MOTOR VEHICLE COMMISSION

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 _____

. UJ æc Å ^ c Å _____

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 _____



Motor Vehicle Commission



TRENTON, NEW JERSEY 08666

STATE OF NEW JERSEY
Business License Services
(609) 292-6500 ext.5014

P.I.F. EMISSION INSPECTOR CERTIFICATION

Business Name

P.I.F. License #

I, the undersigned, certify that the below listed employee(s) are licensed as P.I.F. Emission Inspectors.

Name	Address	Inspector License #

Licensee's Name & Title

Date

MVC Investigator's Signature & ID#

Date

MVC Supervisor's Signature & ID#

Date

ATTACH COPY OF THE CERTIFICATION(S)
New Jersey Is An Equal Opportunity Employer



Business Licensing Services
Bureau
P.O. Box 170
Trenton, New Jersey 08666-0170
(609) 292-6500 # 5014
mvcblsprocessing@mvc.nj.gov

STATE OF NEW JERSEY
Business Licensing Services Bureau

PIF INSPECTOR CERTIFICATION

Business Name

PIF License #

I, the undersigned, certify that the below listed employee(s) are licensed as PIF Inspectors.

Name	Address	Inspector License #
_____	_____	_____
_____	_____	_____
_____	_____	_____
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_____	_____	_____
_____	_____	_____

Licensee's Name & Title

Date

MVC Investigator's Signature & ID#

Date

MVC Supervisor's Signature & ID#

Date

ATTACH COPY OF THE CERTIFICATION(S)