

PRIVATE INSPECTION FACILITY/PRIVATE FLEET FACILITY INITIAL LICENSE APPLICATION CHECKLIST

To ensure prompt processing of your Private Inspection Facility/Private Fleet Facility (PIF/PFF) License, please complete and submit all documents and required photocopies as listed below:

- 1. Non-refundable processing fee (\$20.00). Certified checks/money order payable to the NJMVC.
- 2. Completed business license application
- 3. Completed applicant's information application for each owner, partner(s), officer(s), or member(s)
 - Copy of Driver License for each owner, partner(s), officers(s), or members(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>)
 - Color photograph of each applicant
- 4. Child support certification for each owner, partner(s), officer(s) or member(s).
- 5. Fingerprint Request Notification Form
- 6. Business Hours Form
- 7. Municipal Approval Certificate for Business License
- 8. License Certification Form
- 9. Equipment and Inspectors Confirmation Form
 - Copy of equipment lease/purchase
- 10. PIF Emission Inspector Certificate form
 - Copy of the emission inspector(s) license(s) for your facility
- 11. Additional required document copies:
 - Federal Tax Identification Number (copy of certificate)
 - NJ Sales Tax Identification Number (copy of certificate)
 - NJ Unemployment Registration (copy of certificate)
 - Original Certificate of Insurance in the amounts of \$300,000 bodily injury and \$50,000 property damage.
The certificate holder must read
NJ Motor Vehicle Commission Business Licensing Service Bureau, PO Box 170, Trenton, NJ 08666-0172
or
NJ Motor Vehicle Commission Division of Inspection Services, PO Box 680, Trenton, NJ 08666-0680
- Copy of your Corporate Certificate (Inc.) or formation papers for LLC, Partnerships and sole Proprietors (if applicable)

The fee for issuance of the Private Inspection Facility (PIF/PFF) License is \$250.00. A notification requesting payment for the license will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable. If you have any questions, please contact us at the phone number listed above.

APPLICATION FOR BUSINESS LICENSE

FOR OFFICE USE ONLY

License No. _____

Reg. No. _____

EIN # _____

_____ Date

_____ Email

Approved by _____

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

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

_____ Trade Name

2. Please Check

- Corporation
 Partnership
 Proprietorship
 Other _____

_____ Business Address

3. Please check appropriate box for applicable license:

City _____ Zip Code _____ County _____

- Private Inspection Facility
 Fleet Inspection Facility

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 _____

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

Name	Title	Home Address	Telephone Number

5. Have 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 If yes, explain: _____
 No

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 _____
 Give name and address of person
 No _____

7. Do the owners, principals, partners or officers now hold, or have they ever held, any of the licenses listed in #3 or in any other jurisdiction?
 Yes If yes, please provide the type of license(s), license number(s) and jurisdiction(s) and dates of licensure: _____
 No _____
8. Have the license(s) provided above ever been suspended or revoked in New Jersey or any other jurisdiction?
 Yes If yes, explain: _____
 No _____
9. Does this business have a subsidiary company or a parent company?
 Yes If yes, explain: _____
 No _____
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 If yes, explain: _____
 No _____
11. Does any stockholder own more than 10% of the corporation's stock?
 Yes If yes, give name, address and holding: _____
 No _____

12. _____
 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 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 concerning the activities permitted by this license?
 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. He/She 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.
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.
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 _____ of the above business named _____
 President, Owner, Officer, Member

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 _____ of said corporation.

 President, Owner, Officer, Member

 Signature of Secretary/Member/Partner

APPLICANT'S INFORMATION

PLEASE PRINT

BUSINESS NAME				BUSINESS PHONE NUMBER				
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 NUMBER		
9. LIST ALL THE CITIES, STATES AND FOREIGN COUNTRIES WHERE YOU HAVE LIVED, OVER THE LAST 20 YEARS AND HOW LONG YOU LIVED IN EACH.								
10. DATE OF BIRTH (MONTH, DAY, YEAR)			11. PLACE OF BIRTH (CITY, STATE OR FOREIGN COUNTRY)				12. SEX	
13. HEIGHT		14. WEIGHT		15. COLOR OF EYES		16. DRIVER LICENSE NUMBER		
<p>17. SOCIAL SECURITY NUMBER* _____</p> <p>*You <u>must</u> disclose your Social Security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.</p> <p>Pursuant to <u>N.J.S.A. 54:50-25 et seq.</u> of the New Jersey taxation law and <u>N.J.S.A. 2A:17-56.7 et seq.</u> 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:</p> <ul style="list-style-type: none"> 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; <u>and</u> b. the Probation Division or any other agency responsible for child support enforcement, upon request 								
<p>18. HAVE YOU EVER BEEN CONVICTED OF A CRIME ARISING OUT OF FRAUD OR MISREPRESENTATION?</p> <p>NO YES IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE TRIED, DATE AND SENTENCE</p>								
<p>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.</p> <p>SIGNATURE: _____ DATE: _____</p>								

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 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:17-56.7a, N.J.S.A. 2A :17-56.60 et seq. of 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.

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses 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 the license.

1. Do you have a child support obligation? Yes No

If Yes, you must answer Questions #2 & 3:

2. Does the amounts 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 the making of false statements may subject me to contempt of court.

Signature _____

Date _____

Fingerprint Request Notification

In accordance with New Jersey law, all private inspection facilities (applicants and inspectors) 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 Division of Inspection Services 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. If an e-mail address is provided, the fingerprint request notification form will be e-mailed to you. Otherwise, it will be mailed.

Fingerprint Request Notification Form

Business Name: _____ Date: _____

Clearly PRINT the requested personal information for the private inspection facility (applicants and inspectors).

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____

E-Mail Address: _____

Copy and submit additional sheets if needed.

DRIVING  FORWARD

Visit us at www.NJMVC.gov

New Jersey is an Equal Opportunity Employer

PRIVATE INSPECTION FACILITY BUSINESS HOURS

Business Name: _ License No.: _
Street Address: _ City: _ Zip: _

Please indicate the days and time your business will be open:

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 punishment.

Owner's Name (Print): _ Title: _
Owner's Signature: _ Date: _

LICENSE CERTIFICATION FORM

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

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
- PIF

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