



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 172, Trenton, NJ 08666-0172
609-292-6500 # 5014

APPLICATION FOR NEW CAR INSPECTION STICKERS

FOR OFFICE USE ONLY

Date _____ No. _____ Approved By: _____

Corp Code No. _____

1. _____

Business Name

Street Address

City Zip Code

Business Number Contact

2. Does the business entity intend to trade or conduct business under a name other than the name in which the application is filed?

No

Yes If yes, complete information below:

Trade Name

Street Address

City / Zip Code

Business Phone Number

3. Type of Business Entity:

Corporation Partnership Type: _____

LLC Sole Proprietorship

Other: _____

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

- A. NJ State Tax Identification Number _____
- B. NJ Unemployment Registration Number _____
- C. State of Incorporation / Formation ** _____
- D. Date of Incorporation / Formation** _____
- E. Date of authorization to do business in New Jersey _____

****Attach copy of Certificate of Incorporation/ Formation filed with the NJ Secretary of State. Foreign corporation must submit a copy of its certificate of authority to conduct business in NJ as a foreign corporation in addition to a copy of its corporation/formation papers**

5. Print the Full Name(s) of the owners, partners, or officers applying for this registration and indicate each stockholder's percentage of stock:

Name	Title	Stock %
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

If additional space is needed, please attach a separate sheet.

6. Do you have any employees? No Yes

If yes, please provide your Federal Employer Identification Number _____

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

Yes If yes, please explain: _____

No _____

8. 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 _____

9. Do you intend to employ a person who has been convicted of a criminal or disorderly person's offense in this or any other state?

Yes If yes, explain: _____
Print name and address of person
 No _____

10. Have any of the applicant's owners, partners or officers ever held any Motor Vehicle Commission business licenses?

Yes If yes, Type of License _____ License Number _____
 No (Add additional sheet if needed.)

11. Have the license(s) identified in question 10 ever been suspended or revoked by the Motor Vehicle Commission?

Yes If yes, explain: _____
 No _____

12. Has the person conducting the inspection completed pre-delivery inspection training?

Yes If yes, where completed: _____
Date completed: _____
 No If no, explain: _____

The undersigned hereby certifies that the above information is true and that if any of the above information is willfully false, the undersigned is subject to punishment. The undersigned further understands that any untruthful representation or any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for privilege suspension or revocation. The undersigned further agrees to notify the Commission immediately of any change in the status of the business or of any other information that would alter the answers and statements in this application or any supplement(s) thereto.

I, the undersigned, hereby certify that I am _____ 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.
Business Name

_____ Signature _____ Title _____ Date _____
Print Name

I, the undersigned, hereby certify that I am Secretary / Member / Partner of the above business and have witnessed the signature of

_____ who is _____ of said business.
Print Name Owner, Partner, Officer, Member

_____ Signature _____ Title _____ Date _____