



Division of Inspection Services
 P.O. Box 680
 Trenton, New Jersey 08666-0680
 Phone: 609-633-9460

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

Hands-On Test Results:

_____ Passed

_____ Failed

Testing Facility

MVC Representative Signature & ID#

Date

REJECTION	DATE	INSPECTION	RETURN DATE

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 et seq. 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:

- 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:17-56.7a 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, or criminal prosecution.

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

2. If yes, 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 if any of the foregoing statements are willfully false, I am subject to penalty.

Signature

Date