



Announcement All Initial Business License Applicants

The New Jersey Motor Vehicle Commission, Division of Inspection Services does not accept up-front license and registration payments (excluding application fees) with the submission of an initial business license application for the following license privileges:

Emission Repair Facilities

A notification requesting payment of the license and registration fees along with proof of insurance will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable. The wall license and license plates, if applicable, will be mailed to the licensed location once your payment is processed.

Your compliance with this policy is greatly appreciated. For further information on the initial licensing process, call 609-633-9460.

Note: Applicants for all Facilities licenses must submit a \$20.00 application fee with their <i>initial license application.







EMISSION REPAIR FACILITY INITIAL LICENSE APPLICATION CHECKLIST

In order to ensure prompt processing of your Emission Repair Facility (ERF) License, please submit all documents listed below:

- \Box Completed license application
- □ Completed applicant's information application for each owner, partner(s), officer(s), or member(s).
- \Box Child support certification for each owner, partner(s), officer(s) or member(s).
- □Business Hours Form.
- Copy of Driver License for each owner, partner(s), officer(s), or member(s) (Each non-NJ resident must provide 6-points of identification. Information regarding required identification can be found at <u>https://www.nj.gov/mvc/license/6pointid.htm</u>).
- \Box Color photograph of each applicant.
- □ Copy of your Corporate Certificate (Inc.) or formation papers for LLC, Partnerships and sole Proprietors.
- \Box Copy of Alternate name Filing (if applicable).
- □ Emission Repair Technician Form list all certified technicians.
- □ Copy of each technician's New Jersey Repair Technician Certificate issued by NJ Department of Environmental Protection (NJ DEP).
- □ Copy of each letter issued to the technician by NJDEP indicating the Emission Repair Technicians (ERT) identification number.
- □ Federal Tax Identification Number. (Attach copy of certificate).
- □ NJ Sales Tax Identification Number. (Attach copy of certificate).
- □ NJ Unemployment Registration. (Attach copy of certificate).

The fee for issuance of the Emission Repair Facility (ERF) Registration is \$50.00. A notification requesting payment for the registration certificate will be sent after preliminary approval of all licensing requirements and a site inspection, where applicable.







APPLICATION FOR REGISTRATION EMISSION REPAIR FACILITY

Name of Bu	isiness			NJ Sales Tax Identification No.	
Business A	ddress			Unemployment Registration Number	
City	State	Zip	County	Federal Employment Identification No.	
Business N	lumber			-	
Compl	ete the following	for proprie	etor, partners	s, or corporate officers:	
NAME ADDRESS			TITLE		
* If vo	ur business has	an exist	ina EIN nu	mber, please provide it below to attach it to this license.	
			-		
FOR	OFFICE USE	ONLY			
Licen	se Number:			EIN #:	
Appro	oved By:			Date:	





Please indicate the owner, partner(s), corporate officer(s) or possessor who has a controlling interest in the business:

Has the applicant(s) ever been convicted of a crime? If yes, please explain.

Has the applicant(s) ever been found to be in violation of the Federal Clean Air Act (42 U.S.C. 7401 et. seq.) or the Consumer Fraud Act (N.J.S.A. 56:8-1 et. seq.) or any regulations adopted thereunder or N.J.A.C. 7627-15.7 pertaining to tampering with emission control apparatus?

Has the applicant(s) ever been denied, or had suspended or revoked, a license or registration to engage in any business, profession or occupation licensed or registered under the laws of any State?

Does the applicant(s) have any interest in any other motor vehicle emission facility or any motor vehicle related businesses? If so, please list name and license number.

APPLICANT'S SIGNATURE AND TITLE

DATE







APPLICANT'S INFORMATION

BUSINESS NAME BUSINESS PHONE NUMBER 1. APPLICANT FULL NAME (Including Middlo and Suffix, IF any) 2. STREET ADDRESS 3. CITY 4. STATE 6. ZIP CODE 6. COUNTY 2. STREET ADDRESS 3. CITY 4. STATE 6. ZIP CODE 6. COUNTY 2. STREET ADDRESS 4. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? 6. HOME PHONE NUMBER 4. 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 14. COLOR OF EYES 16. DRIVER LICENSE NUMBER 14. NOCAL SECURITY NUMBER* 14. OLOR OF EYES 16. DRIVER LICENSE NUMBER 17. SOCIAL SECURITY NUMBER* 14. COLOR OF EYES 16. DRIVER LICENSE NUMBER 17. NOCAL SECURITY NUMBER* 14. COLOR OF SOLID SECURITY NUMBER 14. DRIVER LICENSE NUMBER 17. NOCAL SECURITY NUMBER* 15. COLOR OF SOLID SECURITY NUMBER 15. COLOR OF CALL SECURITY NUMBER 17. NOCAL SECURITY NUMBER* 16. COLOR OF ACTIVE SOLID SECURITY ON COLOR SECURITY ON COLOR SECURITY ON THE SOLID SECURITY ON COLOR S	PLEASE PRINT						
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	SIGNATURE:				DATE:		



609-633-9460



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 <u>N.J.S.A</u>. 54:50-25 <u>et seq</u>. of the New Jersey taxation law and <u>N.J.S.A</u>. 2A:17-56.7a <u>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:

- 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





P.O. Box 680 Trenton, NJ 08666-0680 609-633-9460



EMISSION REPAIR FACILITY TECHNICIAN

I, the undersigned, certify that the below listed employee(s) meet the repair Technician Certification requirements.

NAME	SSN	ADDRESS	LIST ERT #

Licensee's Name and Title

Date







BUSINESS HOURS

Name of Business	_ License No	
Address		
Days Open for Business	Business Hours	
Monday	From	То
Tuesday	From	То
Wednesday	From	То
Thursday	From	То
Friday	From	То
Saturday	From	То

Signature of Proprietor, Partner or Officer_____

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:	B. Please check appropriat	e type of license:		
□ Initial	□ Boat Dealer	□ Leasing Company		
□ Change of Address	□ Driving School	□ PIF		
□ Branch Location	Used Motor Vehicle Dealer			
Existing Facility Zoning Compliance	□ New & Used Motor Vehicle Dealer (Please specify type of vehicle)			
Municipal Zoning Official Certification	Limite Sublet Heavy	k all that apply) ervice Auto Body d Full Service Auto Body Auto Body (new car dealer) Duty Vehicle Endorsement		
I,				
		, sey, hereby certify that the Municipal Governing aintenance of the above indicated business		
located at:				
Please check appropriate box:	(Complete Address)			
□ Site was visited by a Zoning Official/ Mur	nicipal Representative prior to a	pproval		
□ Site was not visited by a Zoning Official/	Municipal Representative prior	to approval		
Please specify any stipulations of your zoning				
	· · · · · · · · · · · · · · · · · · ·			
Municipal Seal	Signature of Municipal or Z	Zoning Board Clerk Date		

Contact Number