



New Jersey Motor Vehicle Commission

Division of Inspection Services

P.O. Box 680

Trenton, NJ 08666-0680

609-633-9460



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 initial license application.*



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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:

- Completed license application
- Completed applicant's information application for each owner, partner(s), officer(s), or member(s).
- 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 <https://www.nj.gov/mvc/license/6pointid.htm>).
- Color photograph of each applicant.
- Copy of your Corporate Certificate (Inc.) or formation papers for LLC, Partnerships and sole Proprietors.
- 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.



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**APPLICATION FOR REGISTRATION
 EMISSION REPAIR FACILITY**

 Name of Business

 NJ Sales Tax Identification No.

 Business Address

 Unemployment Registration Number

 City State Zip County

 Federal Employment Identification No.

 Business Number

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

NAME	ADDRESS	TITLE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*** If your business has an existing EIN number, please provide it below to attach it to this license.**

EIN Number: _____

FOR OFFICE USE ONLY

License Number: _____

EIN #: _____

Approved By: _____

Date: _____



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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



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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		
17. SOCIAL SECURITY NUMBER* _____					
<p>*You must 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><input type="checkbox"/> NO <input type="checkbox"/> 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>					
SIGNATURE: _____			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



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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



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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 _____



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