

---

STATE OF NEW JERSEY

P.O. Box 172  
Auto Body Unit

**PLEASE READ CAREFULLY**

Enclosed is the application for an auto body repair facility initial license which must be completed and returned to this office.

In accordance with recently adopted regulations, each applicant shall have an established place of business at the time such license is issued. The establishment must be in conformance with the requirements of the municipality in which it is located.

The municipal or zoning board clerk must complete the approval certificate contained on the reverse side of the Application for License. We will, however, accept a photocopy of a certificate of occupancy in lieu of the completed approval certificate. Please return the completed application to this office with documents below:

1. Statement advising if your facility will be performing painting services.
2. Two (2) certified checks/money orders for: \$350.00 (license fee) and \$20.00 (non-refundable application fee).
3. Copy of receipt for fingerprints.
4. Color photographs of each applicant.
5. Copy of driver license for each applicant.
6. Photographs of the auto body repair facility showing signs and other advertising media.
7. Federal Tax Identification Number. (Attach copy of certificate).
8. NJ Sales Tax Identification Number. (Attach copy of certificate).
9. Workers' compensation insurance or a statement advising no employees. Please note that if employees are hired after the license has been issued, you must submit workers' compensation insurance at that time.
10. Current certificate of inspection from the fire marshal for the building and spray booth.
11. Insurance coverage requirements for damage to property and for liability arising from bodily injury (both Full Service and Limited Full Service applicants):
  - (a) Garage liability or equivalent commercial general liability insurance in a minimum amount of \$300,000 or a letter of credit in the amount of \$300,000; **and**
  - (b) Garage keepers' liability insurance in a minimum amount of \$50,000 or a letter of credit in the amount of \$50,000Certificate holder must read: NJ Motor Vehicle Commission Auto Body Unit, PO Box 172, Trenton, NJ 08666-0172
12. A copy of your Corporate Certificate (Inc) or formation papers for LLC, Partnerships and sole Proprietors.
13. Evidence of completion from a recognized auto body class; at least one class must be taken within one (1) year preceding issuance of the initial license.
14. Stack permit or letter of exemption from DEP for spray booth.
15. Provide signed agreement (sample enclosed) if the below listed services will be performed by a facility other than yourself:  structural repairs                       vehicle four-wheel alignment  
 air conditioner servicing  mechanical repair as a result of collision damage.
16. If your auto body repair facility will not be spray painting, please contact this office for additional forms. Prior to your Auto Body Repair Facility license being issued, a site inspection will be conducted. An investigator from this Commission will contact you.

## APPLICATION FOR LICENSE

**FOR OFFICE USE ONLY**

License No. \_\_\_\_\_

Date \_\_\_\_\_

Reg. No. \_\_\_\_\_

Email \_\_\_\_\_

Approved by \_\_\_\_\_

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

Corp Code \_\_\_\_\_

 1. \_\_\_\_\_  
 Name of Business (if corporation, corporate name)

Business phone \_\_\_\_\_

Trade Name \_\_\_\_\_

2. Please Check

 Corporation    Partnership    Proprietorship

Street Address \_\_\_\_\_

 Other \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

3. Please Check appropriate Box for License:

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

A. NJ Sales Tax Identification Number \_\_\_\_\_

 Leasing Company

 New & Used Motor Vehicle Dealer

B. NJ Unemployment Registration Number \_\_\_\_\_

 Driving School

 Auto Body Repair Facility

C. Federal Employer Identification Number \_\_\_\_\_

 Moped Dealer

 Used Motor Vehicle Dealer

 Junkyard

 Fleet DEIC

 Private Inspection Facility

 DEIC

 Fleet Fleet Inspection Facility

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

 Other \_\_\_\_\_

Name

Title

Home Address

Telephone Number

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

 Yes      if yes, explain:

 No

6. Do you knowingly intend to employ a person who has been convicted of the above, or any other crime or who was previously licensed as any of the above in this or any other state and was subject to license suspension or revocation?

 Yes \_\_\_\_\_

 No      Give name and address of person

7. Have the owners, partners or corporate officers ever held any of the above licenses?

 Yes

 No      If yes, please explain the type of license and license numbers \_\_\_\_\_



# BUSINESS LICENSE SERVICES SUPPLEMENTARY APPLICATION

BUSINESS NAME	BUSINESS PHONE #
---------------	------------------

1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX, IF ANY

2. STREET ADDRESS CITY STATE

3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? HOME PHONE #

4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.

5. DATE OF BIRTH (MO. DAY, YEAR) 6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)

7. SEX 8. HEIGHT 9. WEIGHT 10. COLOR OF EYES

11. SOCIAL SECURITY NUMBER 12. DRIVER LICENSE NUMBER (STATE)

13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? YES NO

IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.

14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

1. FULL NAME INCLUDING MIDDLE NAME AND SUFFIX. IF ANY

2. STREET ADDRESS CITY STATE

3. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS? HOME PHONE #

4. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU LIVED BEFORE AND HOW LONG YOU WERE IN EACH STATE OR COUNTRY.

5. DATE OF BIRTH (MO. DAY, YEAR) 6. PLACE OF BIRTH: (CITY, STATE OR FOREIGN COUNTRY)

7. SEX 8. HEIGHT 9. WEIGHT 10. COLOR OF EYES

11. SOCIAL SECURITY NUMBER 12. DRIVER LICENSE NUMBER (STATE)

13. HAVE YOU, IN THIS OR ANY OTHER STATE OR COUNTRY EVER BEEN ARRESTED, CHARGED OR CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE, VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? YES NO

IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE WAS TRIED, DATE AND SENTENCE.

14. I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_

---

**CHILD SUPPORT CERTIFICATION FORM**

---

Business Name

---

Applicant's Name (Print)

---

Date of Birth

---

Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Misstatements will be just cause to take 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
2. If yes, do the arrearage amounts 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



# Motor Vehicle Commission

**STATE OF NEW JERSEY**

Business Licensing Services Bureau

PO Box 168

(609) 292-6500 ext.5014

I, \_\_\_\_\_, owner of \_\_\_\_\_  
(Subcontractor)

located at \_\_\_\_\_ hereby certify that I have

entered into an agreement with \_\_\_\_\_ located  
(Autobody Licensee)

at \_\_\_\_\_ to perform the below

listed service:

- Four-Wheel Alignment
- Air Conditioner Servicing
- Mechanical Repairs
- Structural Repairs (Frame Machine)
- All of the above services are preformed in house

I understand that this document will be attached to his/her New Jersey Full Service Auto Body Repair Facility License.

\_\_\_\_\_  
Signature Subcontractor

\_\_\_\_\_  
Signature Licensee

\_\_\_\_\_  
Date

New Jersey Department of Environmental Protection  
Office of Local Environmental Management  
Minor Source Compliance Investigations  
P.O. Box 407  
Trenton, NJ 08625-0407

To Whom It May Concern:

I have been informed that an air pollution permit is no longer required by the Department as established in N.J.A.C. 7:27-8.2(a) (Eleventh Amendment operative June 12, 1998) since my coating application will **NEVER EXCEED** ½ GALLON PER HOUR AND MY Spray booth DOES NOT contain a heating device with a rating of 1,000,000 BTU's or greater. As such, I am requesting deletion of the following surface coating permit(s) /certificat(s) and hereby certify under penalty of law that I believe the information provided in this document is true, accurate, and complete.

I understand that if at any time our coating rate does exceed the applicability threshold of ½ gallon in any one hour or the heating device does equal or exceeds 1 million BTU's, it is my responsibility to apply for the necessary permit(s) and certificate(s).

I further understand that if I exceed these thresholds and fail to apply for the necessary permit(s) and certificate(s) I may be subject to an enforcement action which may include civil and criminal penalties, including the possibility of fine or imprisonment or both, for submitting false, inaccurate or incomplete information.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Address: \_\_\_\_\_

Phone#: \_\_\_\_\_

Program Interest ID#: \_\_\_\_\_

Activity Number ID#: \_\_\_\_\_

Date: \_\_\_\_\_





# Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY  
BUSINESS LICENSING SERVICES BUREAU

## TO ALL MOTOR VEHICLE AUTO BODY REPAIR FACILITIES

The New Jersey Motor Vehicle Commission has now established a live fingerprint scan process to streamline criminal background checks required as a condition of certification as a licensed Motor Vehicle Auto Body Facility.

As part of the Business License application process, it is required that all proprietors, partners and corporate officers schedule an appointment with the State fingerprint scan vendor **MorphoTrak** (formerly Sagem Morpho, Inc.)

All you need do is call this toll free number **1-877-503-5981 (English or Spanish Operators) or TTY-1-800-673-0353 (HEARING IMPAIRED Modem Required)** to arrange an appointment to be scanned at an established site. **When scheduling your appointment, you will be asked to provide certain personal information including your driver's license and social security number.** Please make sure you have this information available when scheduling your appointment. In addition, you will be asked to provide the following Motor Vehicle identification numbers:

<b>ORIGINATING AGENCY REFERRAL NUMBER (ORI)</b>	<b>NJ920530Z</b>
<b>AGENCY CASE NUMBER (Your Driver License Number)</b>	
<b>CATEGORY</b>	<b>MVS</b>
<b>DOCUMENT TYPE</b>	<b>RS1</b>
<b>STATUTE</b>	<b>39:13-7 AUTO BODY REPAIR FACILITIES</b>

Please complete the applicant information form contained on the back of this letter. Though certain information is already filled in, you will need to supply certain personal information in blocks 9 thru 26 as well as your driver's license number in block 7 which will be used as your agency case number. Please have this form filled in present it when you appear for your appointment along with the proper photo identification as noted on the back of this letter

After supplying this information you will be scheduled for an appointment at one of the electronic scan sites. You will be required to pay a one-time fee in the amount of **\$51.00** incorporating all required background checks. Payment must be made at the time of scheduling your appointment. **AT THE TIME OF SCANNING YOU WILL RECEIVE A RECEIPT FROM THE STATE'S VENDOR. PLEASE SUBMIT THIS RECEIPT OR A COPY THEREOF AS PART OF YOUR BUSINESS LICENSE APPLICATION PACKAGE.**

If you have any questions concerning this procedure, please contact the following area:

**NEW JERSEY MOTOR VEHICLE COMMISSION  
BUSINESS LICENSING SERVICES BUREAU  
AUTO BODY REPAIR FACILITY LICENSING SECTION  
(609) 292-6500 ext.5014**

PLEASE BRING THIS LETTER AND PHOTO IDENTIFICATION WITH YOU WHEN YOU APPEAR TO BE FINGERPRINTED

