APPLICATION FOR NEW CAR INSPECTION STICKERS

FOR OFFICE USE ONLY

Date _____________________                         No. ________________________                  Approved By: _______________ __________________

Corp Code No. ___________________________________________________________

1. ______________________________________________________________________

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:

   Business Name                   Business Name
   Street Address                 Street Address
   City                            City
   Zip Code                       Zip Code

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 _______________________________

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

**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
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: ________________________________________________________________

[ ] No

Print name and address of person

____________________________________________________________________________________

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.

Print Name ____________________________________________________________ Signature _______________ Title _______________ Date _______________

Business Name

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

Print Name ____________________________________________________________ who is ___________________________________________ of said business.

Signature _______________ Title _______________ Date _______________