



**DIESEL EMISSION INSPECTION PROGRAM**

Thank you for your expression of interest regarding the State of New Jersey Diesel Emission Inspection Program and the requirements for licensure as a New Jersey Diesel Emission Inspection Center.

In order to initiate the licensing process, we are providing an overview of the program and the general requirements for licensure. This overview includes a brief history of the program and a Business License Application Package. Please note on the application that a check-off feature exists to denote interest as a Diesel Emission Inspection Center or a Fleet Diesel/Emission Inspection Center.

Please follow all instructions carefully. Should you have any questions concerning the licensing requirements and/or the program, please do not hesitate to contact:

**NJ MOTOR VEHICLE COMMISSION  
DIESEL EMISSION INSPECTION CENTER LICENSING  
P.O. BOX 168  
TRENTON, NJ 08666  
(609) 292-6500 ext.5014**



**BUSINESS LICENSE SERVICES  
DIESEL EMISSION INSPECTION CENTER LICENSING SECTION  
P.O. BOX 168 TRENTON, NJ 08666-0170**

**DIESEL EMISSION INSPECTION CENTER LICENSE INFORMATION**

**GENERAL**

The Division of Motor Vehicles and the Department of Environmental Protection have established a Diesel Emission Testing program for heavy-duty diesel trucks, diesel buses and certain other diesel powered vehicles. The annual testing program will be conducted at licensed diesel emission testing centers. Diesel emission testing centers are licensed to conduct emission inspections and certifications for heavy-duty diesel trucks, diesel buses and diesel powered motor vehicles and have the option to register with the division as diesel emission repair facilities. A Diesel Emission Inspection Center (DEIC) license authorizes the center to conduct inspections and certifications in all diesel emission categories as required by State standards and to certify a vehicle for approval or rejection.

A Diesel Emission Inspection Center in the first year of the program will be authorized to make repairs or correct emission control defects. Upon renewal of the initial DEIC License, an inspection facility would be required to register as an Emission Repair Facility (ERF) and pay a biennial registration fee of \$50.00 to continue to qualify as an Emission Repair Facility.

Two (2) Diesel Emission Inspection Center Licenses are available. The first license is issued to diesel emission inspection centers to provide annual inspection certifications, and repair services (if registered), for heavy-duty diesel trucks (18000 lbs) diesel buses, and diesel powered vehicles with a gross vehicle weight rating exceeding 8500 lbs.

The second type is a Fleet Diesel Emission Inspection Center License. This license is issued to owners or lessees of fleets of 25 or more heavy-duty diesel trucks, diesel buses, and diesel powered vehicles to perform annual inspection certifications and repairs of such vehicles (if registered). An applicant must have the facilities, equipment and experience required of a regular Diesel Emission Inspection Center.

The fleet license will allow the licensee to contract with other fleet owners or licensees to perform their annual inspections, certifications and repairs (if registered) but the licensee has the responsibility for insuring that all repair services contracted for are performed at state registered facilities and meet all state standards. The license does not permit fleet owners to perform these services for the general public.

A Diesel Emission Inspection Center may conduct business as a test only or a test and repair facility. All diesel emission test and repair facilities must meet all facility equipment and employee training and experience requirements denoted under applicant requirements. All applicants wishing to register as an Emission Repair Facility will be required to pay an additional \$50.00 biennial registration fee which will be required upon renewal or one year after initial application.

Included in this package are the regulations governing Diesel Emission Inspection Center Licensing. Please review the regulations as you prepare your license application. If you have questions, (609) 292-6500 ext.5014.



**CHECKLIST OF ITEMS FOR DIESEL LICENSING**

1. Corpcode number (this number is assigned to businesses when they register their vehicles. Please check your vehicle registration-15 digit number.)
2. Initial Application
3. Supplementary Application
4. Child Support Certification
5. List of diesel inspectors and/or certification
6. License fee \$250.00
7. License Certification Form
8. Copy of corporate papers (if applicable)
9. Original Certificate of Insurance
10. Color photo of each officer, owner, or partner
11. Fingerprint receipt from Sagem Morpho Inc.
12. Copy of equipment lease/purchase
13. Copy of Certificates listed below:
  - A. NJ Sales Tax Identification
  - B. NJ Unemployment Registration
  - C. Federal Employer Identification

STATE OF NEW JERSEY

## 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

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

Private Inspection Facility

Fleet DEIC

Fleet Inspection Facility

DEIC

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

8. Was the license ever suspended or revoked?

- Yes If yes, explain:
- No

9. Have the owners, partners or corporate officers, agents or employees of your organization ever used an alias or been known by any other name

- Yes If yes, explain:
- No

10. Does any stockholder own more than 10% of the corporation's stock?

- Yes If yes, give name, address and holding
- No

11 \_\_\_\_\_  
 Place of Incorporation/Formation

\_\_\_\_\_

Date of Incorporation/Formation

\_\_\_\_\_

Date of authorization to do business in New Jersey

Attach copy of the Certificate of Incorporation/Formation which has been filed with the N.J. Secretary of State. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate/formation papers.

12. The applicant certifies all information contained herein is true and agrees any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Commission shall be reasonable and proper grounds for license suspension or revocation. He further agrees to notify the Commission immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto

13. The individual(s) signing this application certify that they have read the applicable statutes and are thoroughly familiar with the details and penalties provided.

I, the undersigned, hereby certify that I \_\_\_\_\_ 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 of Applicant

\_\_\_\_\_  
 Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary/Member/Partner of the above Corporation and have witnessed the signature of \_\_\_\_\_  
 who is \_\_\_\_\_ of said corporation.  
President, Vice-President or Member

\_\_\_\_\_  
 Signature of Secretary/Member/Partner

**STATE OF NEW JERSEY  
MOTOR VEHICLE COMMISSION  
BUSINESS LICENSING SERVICES BUREAU  
P.O. BOX 172  
TRENTON, NEW JERSEY 08666-0172**

**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:**

- Initial
- Change of Address
- Branch Location
- Existing Facility Zoning Compliance**

**B. Please check appropriate type of license:**

- Boat Dealer
- Driving School
- Used Motor Vehicle Dealer
- New & Used Motor Vehicle Dealer (**Please specify type of vehicle**)  
\_\_\_\_\_
- Leasing Company
- Moped Dealer
- PIF/PIM

- Auto Body Facility (Check all that apply)**
  - \_\_\_\_\_ Full Service Auto Body
  - \_\_\_\_\_ Limited Full Service Auto Body
  - \_\_\_\_\_ Sublet Auto Body (new car dealer)
  - \_\_\_\_\_ Heavy Duty Vehicle Endorsement

**Municipal Zoning Official Certification**

I, \_\_\_\_\_, Clerk of the Municipality of \_\_\_\_\_,  
County of \_\_\_\_\_, State of New Jersey, hereby certify that the Municipal Governing  
Body or Zoning Commission has approved the location, establishment and maintenance of the above indicated business  
located at: \_\_\_\_\_  
(Complete Address)

**Please check appropriate box:**

- Site was visited by a Zoning Official/ Municipal Representative prior to approval
- Site was not visited by a Zoning Official/ Municipal Representative prior to approval

Please specify any stipulations of your zoning approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Municipal  
Seal

\_\_\_\_\_  
Signature of Municipal or Zoning Board Clerk

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Contact Number

**BUSINESS LICENSING SERVICES BUREAU  
SUPPLEMENTARY APPLICATION**

**PLEASE PRINT**

BUSINESS NAME			BUSINESS PHONE NUMBER		
1. 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 THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU HAVE LIVED, 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. SOCIAL SECURITY NUMBER*  <small>*You <u>must</u> 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. 54:50-25 et seq.</u> of the New Jersey taxation law, <u>N.J.S.A. 2A:17-56.7a</u>, and <u>N.J.S.A. 2A:17-56.8 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; <u>and</u>          b. the Probation Division or any other agency responsible for child support enforcement, upon request</small>				17. DRIVER LICENSE NUMBER	
18. HAVE YOU EVER BEEN CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE AND/OR VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS? <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><b>I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</b></p> <p>SIGNATURE: _____ DATE: _____</p>					

STATE OF NEW JERSEY  
Business Licensing Services Bureau**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, N.J.S.A. 2A :17-56.60 et seq. of 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:17-56.7 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.

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

*On the Road to Excellence*  
[www.njmvc.gov](http://www.njmvc.gov)  
*New Jersey is an Equal Opportunity Employer*



# **New Jersey Motor Vehicle Commission**

Business Licensing Services Bureau  
P.O. Box 172, Trenton, NJ 08666-0172  
609-292-6500 ext. 5014  
mvcblscorrespondence@dot.state.nj.us

STATE OF NEW JERSEY

## Fingerprint Request Notification

In accordance to regulatory requirements, it is mandated that all persons identified in the initial business application (proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents) undergo a live scan criminal background check by the state approved vendor. Submission of your initial business application authorizes the Commission's Business Licensing Bureau to request and receive criminal background check results.

Upon receipt of this notification, each person identified will be mailed a fingerprint application and instructional sheet. Once fingerprinted, the receipt and fingerprint application for each person listed must be forwarded to MVC, as proof of completion. The processing of your business application will not begin until all receipts are received.

Complete the attached Fingerprint Request Notification Form listing each person identified in the business application. If an e-mail address is provided, the documents will be e-mailed to those individuals, otherwise it will be mailed.



# New Jersey Motor Vehicle Commission

Business Licensing Services Bureau  
P.O. Box 172, Trenton, NJ 08666-0172  
609-292-6500 ext. 5014  
mvcblscorrespondence@dot.state.nj.us

STATE OF NEW JERSEY

## Fingerprint Request Notification Form

Business Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Clearly PRINT the following information for all persons identified in the initial business application ( all proprietors, partners, corporate officers, applicants, providers, instructors and driving school authorized agents)**

Applicant Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Applicant Full Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Copy and submit additional sheets if needed



# New Jersey Motor Vehicle Commission

Business License Services  
P.O. Box 168  
Trenton, New Jersey 08666-0168

## 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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STATE OF NEW JERSEY

**CERTIFICATION**

This is to certify that I understand the license for which I am making an application may be issued prior to the standard investigation, to include character investigation and facility compliance.

It is, therefore, understood that should any derogatory or disqualifying information be received subsequent to the issuance of the license, I will immediately and voluntarily surrender all items issued.

Signed: \_\_\_\_\_  
Proprietor, Partner or  
Corporate Officer

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Date

STATE OF NEW JERSEY

**DIESEL EMISSION INSPECTOR(S)**\_\_\_\_\_  
Business Name\_\_\_\_\_  
License #

I, the undersigned, certify that the below listed employee(s) meet the Diesel Emission Inspector certification requirements.

Name	Address	List Certification(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Licensee's Name & Title\_\_\_\_\_  
Date\_\_\_\_\_  
MVC Investigator's Signature & ID#\_\_\_\_\_  
Date\_\_\_\_\_  
DMC Supervisor's Signature & ID#\_\_\_\_\_  
Date**ATTACH COPY OF THE CERTIFICATION(S)**

DEIC  
**TABLE "A" RATE CHART**  
(Please Print or Type)

HOURLY RATE \$ \_\_\_\_\_ INSPECTION FEE \$ \_\_\_\_\_

FACILITY NAME: \_\_\_\_\_ LIC: NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_  
Street City State Zip Code

REINSPECTION CHARGE FOR VEHICLES NOT REPAIRED HERE

<u>CHECK</u>	<u>TIME REQUIRED</u>	<u>OUR CHARGE</u>
Credentials	.1 Hour*	_____
Emission Control Apparatus	.2 Hours	_____
Governor	.2 Hours	_____
Exhaust System	.2 Hours	_____
Emission Control System	.2 Hours	_____
Engine Emissions (Opacity)	.2 Hours	_____

NOTE\* If this is the only item to be reinspected on a vehicle, the reinspection shall be considered to be .2 hours  
\_\_\_\_\_

Sale Tax cannot be charged for the above items.

COMPLETE THIS FORM WITH YOUR CHARGES AND MAIL TO:

MOTOR VEHICLE COMMISSION  
BUSINESS LICENSE SERVICES  
P.O. BOX 168  
TRENTON, NEW JERSEY 08666-0168



## State of New Jersey

James E. McGreevey  
*Governor*

Department of Environmental Protection  
Bureau of Motor Vehicle Inspection and Maintenance  
P.O. Box 437 – 380 Scotch Road  
Trenton, NJ 08625  
609-530-4035, 609-530-5342 (fax)

Bradley M. Campbell  
*Commissioner*

January 13, 2003

To: Robert H. Wager Co., Inc.  
570 Montroyal Road  
Rural Hall, NC 27045  
Mike Wager

RE: Smokemeter approval process pursuant to N.J.A.C. 7:27B-4.15;  
Approval or the Wager 7500

The Department has completed its evaluation of the Wager 7500 smokemeter, which was submitted into the referenced process for approval pursuant to N.J.A.C. 7:27B-4.15. The Department hereby approves the use of 'this smokemeter and all units prepared in a like manner, for use in official inspections by a Diesel Emissions Inspection Center licensed by the 'Director of the Division of Motor Vehicles pursuant to N.J.A.C. 13:20-47. It is incumbent upon the Robert H. Wager Co., Inc., to ensure that all units supplied for this purpose meet all of the referenced specifications including software formatting consistent with the unit submitted to the Department except as listed below, and that such units are capable of measuring engine RPMs and oil temperature as set forth in N.J.A.C. 7:27B-4.15.

The Robert H. Wager Co., Inc. has agreed to the following conditions:

- 1- Robert H. Wager Co., Inc., will provide the approved software version for, and recalibrate the Data Collection Units of all Model 7500 units sold in New Jersey prior to the official date of approval. A customer list and notice of the data that the recalibrated units have been returned to the customer will be provided to the Department.
- 2- The software version as approved will be designated "Version 4.0 NJ".
- 3- A copy of any updated software, or an example of any modified hardware, will be provided to the Department for evaluation of regulatory compliance prior to general release.



# State of New Jersey

James E. McGreevey  
Governor

Department of Environmental Protection  
Bureau of Motor Vehicle Inspection and Maintenance  
P.O. Box 437 – 380 Scotch Road  
Trenton, NJ 08625  
609-530-4035, 609-530-5342 (fax)

Bradley M. Campbell  
Commissioner

On this day, January 13, 2003, the smokemeters listed below have been approved for use by a Diesel Emissions Inspection Center, licensed by the Director of the Division of Motor Vehicles, for the purpose of official testing pursuant to the procedures set forth at N.J.A.C. 7:27B-4.

Make and Model	Conditions and Options	Manufacturer Information
Berkeley Model 300	-New Jersey software and printing format -Engine RPM measurement -Engine oil temperature measurement	Telonic Berkeley, Inc. P.O. Box 277 2825 Laguna Canyon Road Laguna Beach, CA 92652 1-800-854-2436
Bosch RTT 100	-New Jersey software and printing format -Engine RPM measurement -Engine oil temperature measurement	Robert Bosch Corporation Dept. UA/ASW 2800 South 25 <sup>th</sup> Avenue Broadview, IL 60153 708-865-5374
CalTest 1000	-New Jersey software and printing format -Engine RPM measurement -Engine oil temperature measurement	CalTest Instruments, Inc. 126 Marine Avenue Wilmington, CA 90744 310-835-5377
OTC 3405S (CalTest 1000 submitted as OTC 3405S)	-New Jersey software and printing format -Engine RPM measurement -Engine oil temperature measurement	OTC-SPX Corporation 655 Eisenhower Drive PO Box 995 Owatonna, MN 55060-0995 Marc Rosone; 507-455-7000
Wager Model 6700, and Model 7500*  *PC based, fully software driven	-New Jersey software and printing format -Engine RPM measurement -Engine oil temperature measurement	Robert H. Wager Co., Inc. 570 Montroyal Road Rural Hall, NC 27045 Mike Wager; 800-562-7024
Red Mountain Engineering Smoke Check 1667	-New Jersey software and printing format -Engine RPM measurement -Engine oil temperature measurement	Red Mountain Engineering, Inc. 25 Spectrum Pointe Drive Lake Forest, CA 92630 Diane Cooke; 949-595-4475

## NOTICE:

1. This list will be continuously updated as qualifying smokemeters are approved. To obtain a current list of approved smokemeters, please send a written request to the New Jersey Department of Environmental Protection- Bureau of Transportation Control at P.O. Box 437, Trenton, NJ 08625
2. Inclusion of a smokemeter on the above list, or, approval of a smokemeter by the New Jersey Department of Environmental Protection (NJDEP), means only that the smokemeter has been determined by NJDEP to conform to the specifications set forth at N.J.A.C. 7:27B-4.15- Specifications for a Smokemeter for Determining Compliance with N.J.A.C. 7:27-14.