



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 170
Trenton, New Jersey 08666-0170
(609) 292-6500 ext. 5014

STATE OF NEW JERSEY

Chris Christie
Governor

Kim Guadagno
Lt. Governor

Raymond P. Martinez
Chairman and Chief Administrator

Announcement All Initial Business License Applicants

The New Jersey Motor Vehicle Commission, Business Licensing Services Bureau (BLS) is pleased to announce that beginning December 1, 2016; BLS will discontinue the practice of requiring an up-front license and registration payment (excluding application fees) with the submission of an initial business license application for the following license privileges:

- New and Used Car Dealers
- Special Category Registration and Plates
- Auto Body Shops
- Driving Schools
- Inspection and Emission Repair Facilities

This change will bring greater efficiency, recording and accounting for all initial application funds and reduce the risk of lost payments.

A notification requesting payment of the license 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 609 292-6500 x5014.

Note: Applicants for Auto Body and Private Inspection Facilities licenses must submit a \$20.00 application fee with their initial license application.



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 171
Trenton, NJ 08666-0171
Phone: (609) 292-6500 ext.5014
E-mail: mvcblscorepondence@dot.state.nj.us

In order to process your **Emission Repair Facility (ERF) Registration** please submit the items listed below:

- License Application
- Supplemental Application (owner, partner(s), officer(s) or member(s))
- Child Support Certification (owner, partner(s), officer(s) or member(s))
- 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
- Copy of driver's license for the owner, partner(s), officer(s) or member(s)
- Copy of Incorporation/Formation Papers showing the filing date with the NJ Secretary of State's Office
- Copy of Alternate name Filing (if applicable)
- Business Hours Form
- Copy of your Certificate of Authority for Sales Tax issued by NJ Division of Taxation
- Copy of your Federal EIN Registration Certificate issued by the Federal Government or your last Quarterly 941 form
- A copy of your Unemployment Quarterly Report or a copy of your NJ Unemployment Registration Certificate

The fee for issuance of the Emission Repair Facility (ERF) registration certificate 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

I certify that the above items are being submitted for the processing of an Emission Repair Facility Registration Certificate. My failure to submit the required documents will be cause for the application package being returned.

Applicant Print Name

Applicant's Signature

Business Name

Date

**APPLICATION FOR REGISTRATION
EMISSION REPAIR FACILITY**

Corp Code: _____

Business Phone _____

Name of Business (if corporation, corporate name)

NJ Sales Tax Identification No.

Street Address NJ

Unemployment Registration No.

City State Zip County

Federal Employment Identification No.

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

NAME ADDRESS

TITLE

NAME	ADDRESS	TITLE

FOR OFFICE USE ONLY

License Number: _____

Approved 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

**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*				17. DRIVER LICENSE NUMBER	
<p>*You <u>must</u> 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, <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:</p> <p>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></p> <p>b. the Probation Division or any other agency responsible for child support enforcement, upon request</p>					
<p>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>					
<p>I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</p>					
SIGNATURE: _____				DATE: _____	

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
New Jersey is an Equal Opportunity Employer

**EMISSION REPAIR
FACILITY TECHNICIAN**

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

NAME	SSN	ADDRESS	LIST CERTIFICATIONS

Licensee's Name and Title

Date



New Jersey Motor Vehicle Commission

Business License Services
P.O. Box 170
Trenton, New Jersey 08666-0170

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 _____