

## EMISSION REPAIR FACILITY INITIAL LICENSE APPLICATION CHECKLIST

**To ensure prompt processing of your Emission Repair Facility (ERF) License, please complete and submit all documents and required photocopies as listed below:**

- 1. Non-refundable processing fee (\$20.00). Certified checks/money order payable to the NJMVC.
- 2. Completed application for registration
- 3. Completed applicant's information form for each owner, partner(s), officer(s), or member(s)
  - 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
- 4. Child support certification for each owner, partner(s), officer(s) or member(s)
- 5. Business Hours Form
- 6. Municipal Approval Certificate for Business License
- 7. 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
- 8. Additional required document copies:
  - Federal Tax Identification Number (Attach copy of certificate)
  - NJ Sales Tax Identification Number (Attach copy of certificate)
  - NJ Unemployment Registration (Attach copy of certificate)
  - Copy of your Corporate Certificate (Inc.) or formation papers for LLC, Partnerships and sole Proprietors
  - Copy of Alternate name Filing (if applicable)

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.

## 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:** \_\_\_\_\_

Please indicate the owner, partner(s), corporate officer(s) or possessor who has a controlling interest in the business:

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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.

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\_\_\_\_\_  
APPLICANT'S SIGNATURE AND TITLE

\_\_\_\_\_  
DATE

## 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 <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 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"> <li>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></li> <li>b. the Probation Division or any other agency responsible for child support enforcement, upon request</li> </ul>								
<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><b>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.</b></p>								
SIGNATURE: _____				DATE: _____				

STATE OF NEW JERSEY

**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

If Yes, you must answer Questions #2 & 3:

2. 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 the making of false statements may subject me to contempt of court.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**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 \_\_\_\_\_

**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
- PIF

**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

**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 #
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\_\_\_\_\_  
**Licensee's Name and Title**

\_\_\_\_\_  
**Date**