Motor Vehicle Commission

STATE OF NEW JERSEY
Business License Services
Auto Body Unit
PO Box 172
(609) 984-9631

PLEASE READ CAREFULLY

Enclosed is the application for an auto body repair facility 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 applications to this office along with:

1. Statement advising if your facility will be performing painting services.
2. Certified check or money order in the amount of $350.00. Also required is a separate $20.00 check, which is a non-refundable administrative filing fee.
3. Submit copy of receipt for fingerprints.
4. Color photographs of EACH APPLICANT.
5. Photographs of the auto body repair facility showing signs and other advertising media.
6. Federal Tax Identification Number. (attach copy of certificate)
7. NJ Sales Tax Identification Number. (attach copy of certificate)
8. Workers compensation insurance.
9. Current certificate of inspection for building and spray booth.
10. Garage keepers' liability insurance (min. $300,000), certificate holder must read:
    MVC - Autobody
    PO Box 172
    Trenton, NJ 08666
11. Evidence of completion from a recognized auto body class for the year 2002 for one employee or 10% of staff.
12. Stack permit or letter of exemption from DEP for spray booth.
13. Provide signed agreement (sample enclosed) if the below listed services will be performed by facility other than yourself.
    (☐) structural repairs
    (☐) vehicle four-wheel alignment
    (☐) air conditioner servicing
    (☐) mechanical repair as the result of collision damage

Applications for auto body repair facility license are investigated prior to licensing. An investigator from this Division will contact you.

Enclosures

Motor Vehicle Commission

Business License Services
PO Box 171
Trenton, New Jersey 08666-0171

APPLICATION FOR LICENSE

FOR OFFICE USE ONLY

License No. _____

Reg. No. _____

Approved by _____

_____
Date

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

_____
Street Address

_____
City Zip Code County

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

A. NJ Sales Tax Identification Number _____
B. NJ Unemployment Registration Number _____
C. Federal Employer Identification Number _____

2. Please Check:

[ ] Corporation [ ] Partnership [ ] Proprietorship

[ ] Other _____

3. Please Check appropriate Box for License:

[ ] Leasing Company
[ ] Driving School
[ ] Moped Dealer
[ ] Junkyard
[ ] Private Inspection Facility
[ ] Fleet DEIC
[ ] New & Used Motor Vehicle Dealer
[X] Auto Body Repair Facility
[ ] Used Motor Vehicle Dealer
[ ] Fleet Inspection Facility
[ ] DEIC

[ ] Other _____

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

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
[ ] No

if yes, explain:

6 Do you knowingly intend to employ a person who has been convlcted 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 _____

8. Was the license ever suspended or revoked?

[ ] Yes
[ ] No

If yes, explain:

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
[ ] No

If yes, explain:

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

[ ] Yes
[ ] No

If yes, give name, address and holding

11 _____
Place of Incorporation

_____
Date of Incorporation

_____
Date of authorization to do business in New Jersey

Attach copy of the Certificate of Incorporation 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 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 am _____ of the above business _____
Owner, Partner, Officer

and that the information I have submitted is true to the best of my knowledge.

_____
Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary of the above Corporation and have witnessed the signature of _____

who is _____ of said corporation.
President, Vice-President

_____
Signature of Secretary

APPROVAL CERTIFICATE

I, _____ Clerk of the Municipality of _____ County of _____
(Print Name)

State of New Jersey, hereby certify that the business checked below is an approved use or that the Municipal Governing Body or Zoning Commission has approved the location. establishment and maintenance of the

[ ] Leasing Company
[ ] Driving School
[ ] Moped Dealer
[ ] Junkyard
[ ] Private Inspection Facility
[ ] Fleet DEIC
[ ] New & Used Motor Vehicle Dealer
[x] Auto Body Repair Facility
[ ] Other _____
[ ] Used Motor Vehicle Dealer
[ ] Fleet Inspection Facility
[ ] DEIC

,located at _____
Complete Address

_____
Signature of Municipal or Zoning Board Clerk

_____
Date

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 _____

NEW JERSEY
MOTOR VEHICLE COMMISSION

Trenton, New Jersey 08666

STATE OF NEW JERSEY
Motor Vehicle Commission
Business License Services

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. the response to the below listed questions are required. Mis-statement will be just cause to take administrative action including, but not limited to, denial of licensure, immediate revocation or suspension of the license.

1. Do you have a child support obligation? ☐ Yes ☐ No
2. If yes, do the arranged 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 statement may subject me to contempt of court.

_____ _____
Signature Date

New Jersey is an Equal Opportunity Employer

MVC Web Site
http://www.njmvc.gov

Motor Vehicle Commission

STATE OF NEW JERSEY
Business License Services
PO Box 168
609-777-1683

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)

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

Business License Services
PO Box 171
Trenton, New Jersey 08666-0171

SIGNATURE CARD

The undersigned Licensee hereby authorizes the person(s) whose signatures appear below to execute and sign Title Papers and/or estimates on behalf of the licensee:

(AGENT'S NAME—PRINT IN FULL)	(SIGNATURE)	(ADDRESS)
(AGENT'S NAME—PRINT IN FULL)	(SIGNATURE)	(ADDRESS)
(AGENT'S NAME—PRINT IN FULL)	(SIGNATURE)	(ADDRESS)
(AGENT'S NAME—PRINT IN FULL)	(SIGNATURE)	(ADDRESS)
(AGENT'S NAME—PRINT IN FULL)	(SIGNATURE)	(ADDRESS)

DEALER NAME & LICENSE NO. (Print in full) _____

LICENSEE'S SIGNATURE _____

(OWNER, PARTNER OR CORPORATE OFFICER) DATE

Signature card or cards must be filed for all persons authorized to sign title papers and/or estimates. If you authorize any other person to sign title papers and/or estimates or if you revoke the authority of any person to sign such papers, you shall notify this Bureau immediately and re-submit current signature card or cards, covering all persons in authority to sign title papers and/or estimates.

All signature cards prior to the most current are invalid.

Motor Vehicle Commission

Trenton, New Jersey

STATE OF NEW JERSEY
BUSINESS LICENSE SERVICE 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 States fingerprint scan vendor **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:

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

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 1 thru 18 as well as your driver's license number in block 22 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 **$54.00** 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 LICENSE SERVICE BUREAU
AUTO BODY REPAIR FACILITY LICENSING SECTION
609-984-9631

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

Applicant Information – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. YOU MUST PRESENT THIS FORM TO BE FINGERPRINTED. NO EXCEPTIONS ALLOWED. VARIATIONS OF THIS FORM WILL NOT BE ACCEPTED. UPON COMPLETION OF THE FINGERPRINTING PROCESS, A PCN NUMBER WILL BE RECORDED IN THE DESIGNATED BOX AND THIS FORM WILL SERVE AS CONFIRMATION OF FINGERPRINTING. VALID PHOTO IDENTIFICATION MUST BE PRESENTED AT THE TIME OF FINGERPRINTING AND MUST HAVE A VALID EXPIRATION DATE. EXPIRED NEW JERSEY PHOTO DRIVER LICENSE WILL BE ACCEPTED IN COMBINATION WITH CURRENT NON-PHOTO LICENSE. NO OTHER EXPIRED IDENTIFICATION WILL BE ACCEPTED. SEE BOX 26 FOR ID REQUIREMENTS.

For applicants who must pay their own fingerprinting fees, payment will be required at the time of scheduling for certified check, credit card and money order payments. Your account will be charged at the time you schedule. A fee of $14 is charged to cover the cost of a scheduled appointment for applicants who do not cancel by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). The $14 fee also applies to applicants who are turned away from the printing sites due to their inability to present proper ID as defined below (26), or who fail to present Universal Fingerprint Form NJAPSl V 1.7 provided to you by your agency and required for printing (this form). State and Federal search fees will be refunded. State agencies are notified of no shows.

Appointment scheduling is available via the web at **www.bioapplicant.com/nj** 24 hours per day, 7 days per week. For applicants who do not have web access, appointments are available through the toll free call center at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 AM and Saturday 8:00 AM to 12 noon. Hearing impaired scheduling is available at (800) 673-0353. English and Spanish operators are available through the Call Center.

Payment by money order at the site will be accepted for applicants scheduling via the call center only. Money order payment must be indicated at the time of scheduling. No pther form of payment will be accepted at the fingerprinting site.

Your applicant ID number, date, time of appointment and payment confirmation will be confirmed by the call center. You must record this information in the appropriate blocks to the right while speaking with the operator. Your PCN number will be recorded when your fingerprinting has been completed. Retain this form as proof of fingerprinting. No receipts will be provided after the date of printing.

Date/Time of Appointment	Applicant Id Number
PNC	Payment Confirmation

(1) First Name	(2) Middle Initial	(3) Last Name		
(4) Daytime Telephone Number	(5) Social Security Number	(6) Date of Birth	(7) Height	(8) Weight
(9) Maiden Name (if married female)	(10) Place of Birth (State for US Citizens - Country for all others)	(11) Country of Citizenship		
(12) Home Address				
Address	City	State	Zip	

(13) Gender (select one)	(14) Hair Color (indicate most predominant color, one only)	(15) Eye Color	(16)Race (select one)
Male ☐ Female ☐ Both ☐			A Asian/Pacific Islander (Includes Asian Indian) B Black I American Indian/Alaska Native W White (Includes Hispanic/Spanish origin) U Unknown

(17) Occupation	(18) Employer Name and Address
NOTE: Items 19-25 to be completed by employer or agency.	
(19) Statute Number 39:l3-7	(20) Reason for Fingerprinting AUTO BODY REPAIR FACILITY
(21) Originating Agency Number (ORI#) NJ920530Z	(22) Contributor's Case Number (Agency Unique Identifier) DL#
(23)Category MVS	(24)Document Type RS1
(26) ACCEPTABLE ID: ID MUST BE ISSUED BY FEDERAL, STATE, COUNTY OR MUNICIPAL ENTITY FOR IDENTIFICATION PURPOSES AND MUST INCLUDE PHOTO, NAME, ADDRESS (HOME/EMPLOYER) AND DATE OF BIRTH. EXAMPLES OF ACCEPTABLE IDENTIFICATION INCLUDE 1) PHOTO DRIVER'S LICENSE OR PHOTO ID ISSUED BY ANY STATE DMV OR NJMVC, 2) PASSPORT OR IMMIGRATION ID 3) FEDERAL, STATE, COUNIY OR MUNICIPAL EMPLOYMENT ID.	(25) Payment Information ☐ Visa ☐ Master Card ☐ Money Order ☐ Certified Check **$54.00**