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STATE OF NEW JERSEY

## 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 (*Boat Dealer, Converter, Financing, Insurer, Leasing, Manufacturer, Non-Conventional and Transporter*)
- 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 and registration fees along with proof of insurance and bond requirements 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.*

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



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

**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

**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:

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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

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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><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>					
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



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

**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

*On the Road to Excellence*  
www.njmvc.gov  
*New Jersey is an Equal Opportunity Employer*

**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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Emission Repair Facility (ERF) Certification – Allowable Use of Business Location

I understand that, in accordance with N.J.A.C. 13:20-44.4 (c) 6, I must obtain valid permits or other authorization for my business location from the appropriate federal, State or other governmental agencies authorizing operation of the business or any equipment, service or process on the premises.

I hereby certify that the PIF location for which I seek a license complies with all State and local laws, ordinances and regulations concerning the activities permitted by the PIF license.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to penalty.

Name of Business: \_\_\_\_\_

\_\_\_\_\_  
PIF Owner/ Principal Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date