

STATE OF NEW JERSEY  
Business Licensing Services Bureau

**Philip D. Murphy**  
Governor

**Sheila Y. Oliver**  
Lt. Governor

**B. Sue Fulton**  
Chair and Chief Administrator

### **Sun Screening Material Installation Facility License**

In accordance with N.J.A.C 13:20-1 through 13:20-2, facilities installing sun screening material to motor vehicle windows for medical purposes must be approved and registered by the Commission. The enclosed application must be completed and returned along with the required \$150 application fee.

In order to ensure compliance with State Law, every installation facility must obtain a copy of the Sun Screening Material Installation Facility regulations.

If you have any questions, feel free to contact this office at 609-292-6500 x5013 or by visiting [www.njmvc.gov](http://www.njmvc.gov) Business Services portal.

Sincerely,

New Jersey Motor Vehicle Commission  
Business Licensing Services Bureau



6. Have the owners, partners, or corporate officers any interest in other sun-screening material installation facility or any motor vehicle related business?

Yes

No If yes, give name and license number of business. \_\_\_\_\_

7. Does any stockholder own more than 10% of the corporations stock?

Yes If yes, give name, address and holding

No

8. \_\_\_\_\_  
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.**

9. 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 Director shall be reasonable and proper grounds for registration suspension or revocation. **He further agrees to notify Motor Vehicle Services 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.**

10. 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 and 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 the

\_\_\_\_\_ who is \_\_\_\_\_ of said  
President, Vice President  
Corporation.

\_\_\_\_\_  
Signature of Secretary

# BUSINESS LICENSE COMPLIANCE

## 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.			
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SIGNATURE: _____ DATE _____			

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**CHILD SUPPORT CERTIFICATION FORM**

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Business Name

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Applicant's Name (Print)

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Date of Birth

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Social Security Number

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Misstatements will be just cause to take 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.

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Signature

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Date