

STATE OF NEW JERSEY

AUTO BODY INITIAL LICENSE APPLICATION CHECKLIST

In order to ensure prompt processing of your Auto-Body Application, please submit all documents listed below:

- Completed license form "Application for Auto Body License".
- Non-refundable processing fee (\$20.00). Certified checks/money order payable to the NJMVC.
- Completed "Applicant's Information" form BLC-205B form for each individual applicant.
- Child Support Form BLS-43 form for each individual applicant. This is to be completed even if you do not have child support obligations.
- Fingerprint Request Notification form BLS-163 form for each individual applicant.
- Copy of the 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>.**
- Passport size color photograph for each owner, partner(s), officer(s), or member(s). (**Print name on the back of each photograph**)
- Copy of the business Incorporation/Formation Papers showing the filing date with the NJ Division of Revenue.
- Copy of Alternate/Fictitious Name Filing Certificate if you are using a "Tradenname."
- Copy of the Federal Employee Identification Number (EIN) Registration Certificate.
- Copy of NJ Certificate of Authority for Sales Tax.
- Copy of Property Deed or Lease/Rental Agreement.
- Business Hours Form BLC-86A form.
- Municipal Approval Certificate for Business License – **signed and stamped by the municipality** BLS-162 form.
- Current certificate of inspection from the fire marshal for the building.
- Stack permit or letter of exemption from the DEP for your spray booth (if applicable).
- Copy of the phone bill or phone installation order for the business with the business name and address listed on the document.
- Photographs/plans clearly depicting the complete premises and signage where the dealer intends to conduct business.
- Statement advising if your facility will be performing painting services. During the site inspection you will be asked to show a fresh air mask for the painter.
- Evidence of completion from recognized auto body class; at least one class must be taken within one (1) year preceding issuance of the initial license.
- Provide signed agreement (sample enclosed) if the below listed services will be performed by a facility other than yours: structural repairs, four-wheel alignment, air conditioner services, and/or mechanical repairs.
- If your auto body repair facility will not be spray painting, please contact this office for additional forms. Prior to your Auto Body repair facility license being issued, a site inspection will be conducted.
- Worker's Compensation insurance or a statement advising no employees. If any employees are hired, you must immediately provide evidence of Worker's Compensation Insurance.
- Insurance coverage requirements for damage to property and for liability arising from bodily injury.
 - Garage Liability or equivalent commercial general liability in a minimum amount of \$300,000 or a letter of credit in the amount of \$300,000 **AND**
 - Garage Keepers' liability insurance in a minimum amount of \$50,000 or a letter of credit in the amount of \$50,000. **The certificate holder must read** NJMVC Auto Body Unit PO Box 168, Trenton, NJ 08666-0168

BLC-3 (R08/23)

STATE OF NEW JERSEY

APPLICATION FOR AUTO BODY LICENSE

The undersigned hereby applies for the license checked in Part 3 and submits the following certified statement:

1. _____
Name of Business (if corporation, corporate name) _____ Business Phone

_____ Trade Name

_____ Business Address

_____ City _____ State _____ Zip

2. Please check:

Corporation Partnership

Other Proprietorship

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 _____

3. Please check:

FULL-SERVICE LICENSE (PAINTING)

LIMITED LICENSE (NO PAINTING)

SUBLET LICENSE (NEW CAR DEALER)

HEAVY DUTY ENDORSEMENT

Current Auto Body License # _____

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

Name	Title	Home Address	Telephone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. Have any of the owners, partners, or officers ever been arrested, charged, or convicted of a criminal or disorderly person offense in this or any other state?

Yes No If yes, explain: _____

6. Has any current or prospective partner, officer, director, other controlling person, or employee of the applicant previously held a license issued under the authority of the Commission or any other state, which license was suspended or revoked and never reinstated?

Yes No Give name and address of person: _____

7. Do the owners, principals, partners, or officers now hold, or have they ever held, any of the licenses governed by the NJ Motor Vehicle Commission? Yes No If yes, please provide the type and number(s):

8. Have the license(s) provided above ever been suspended or revoked in New Jersey or any other jurisdiction? Yes No If yes, explain: _____

9. Does this business have a subsidiary company or a parent company? Yes No If yes, explain:

10. Have the owners, partners or officers, agents or employees of your organization ever used an alias or been known by any other name? Yes No If yes, explain:

11. Does any stockholder own more than 10% of the corporation's stock? Yes No
If yes, give name, address and holding:

12. Place of Incorporation: _____ Date of Incorporation: _____

Date of authorization to do business in New Jersey: _____

Attach copy of the Certificate of Incorporation/Formation 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 or formation papers.

13. Does the location for which you seek a license, or seek to renew a license, comply with all State and local laws, ordinances, and regulations? Yes No

14. The applicant certifies all information contained herein is true and agrees that 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 and may subject the applicant to administrative, civil, or criminal penalty. Applicant 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. _____(initial)

15. I am, and will continue to be, in compliance with all State and local laws, regulations, and ordinances regarding the operation of this business. _____(initial)

16. The individual(s) signing this application certifies that they have read the applicable statutes and are thoroughly familiar with the details provided and potential penalties.

I, the undersigned, herby certify that I am the (Title) _____ of the above business named _____ and that the information I have submitted is true. I am aware that if any of the statements are willfully false, I am subject to penalty.

Print Name of Applicant

Signature and Title of Applicant

I, the undersigned, herby certify that I am Secretary/Member/Partner of the above corporation and have witnessed the signature of _____ who is (Title) _____ of said corporation.

Signature of Secretary/Member/Partner

Date

FOR OFFICE USE ONLY:

License # _____ Date Issued: _____ Reg No. _____
EIN # _____ Email: _____ Technician: _____
Supervisor Approval: _____ Date: _____

Check No.: _____
Check Amount: _____

STATE OF NEW JERSEY

APPLICANT'S INFORMATION

PLEASE PRINT

BUSINESS NAME:		BUSINESS PHONE:	
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:	
9. LIST ALL THE CITIES, STATES AND FOREIGN COUNTRIES WHERE YOU HAVE LIVED:			
10. DATE OF BIRTH:	11. PLACE OF BIRTH (CITY, STATE, COUNTRY):	12. SEX:	
13. HEIGHT:	14. WEIGHT:	15. EYE COLOR:	
16. DRIVER LICENSE NUMBER:			
17. SOCIAL SECURITY NUMBER: _____ - _____ - _____ * You <u>must</u> 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:17-56.7 et. Seq. 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: 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.			
18. HAVE YOU EVER BEEN CONVICTED OF A CRIME ARISING OUT OF FRAUD OR MISREPRESENTATION? YES NO IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY, AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINSTRATIVE TRIBUNAL BEFORE THE CASE TRIED, DATE, AND SENTENCE.			
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.			
SIGNATURE: _____		DATE: _____	

BLC-205B (R08/23)

STATE OF NEW JERSEY

FINGERPRINT REQUEST NOTIFICATION

In accordance with New Jersey law, all auto body applicants are required to undergo a live scan criminal background check by the State approved vendor. Submission of your initial business application authorizes the Commission's Business License Services Bureau to request and receive criminal background check results.

Upon receipt of this notification, each person identified will be mailed a fingerprint application and instructional sheet. Once fingerprinted, the receipt and fingerprint application for each person listed must be forwarded to MVC as proof of completion. The processing of your business application will not begin until all receipts are received.

Do not get fingerprinted for this application until you have received the instructions from the Business License Services Bureau.

BLS-19 (R08/23)

STATE OF NEW JERSEY

FINGERPRINT REQUEST NOTIFICATION FORM

Business Name: _____ Date: _____

**Clearly PRINT the requested personal information for your auto body license application.
N.J.A.C. 13:21-15.1**

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

Applicant's Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 168
Trenton, New Jersey 08666-0168
(609) 292-6500 ext.5094
Fax: (609) 292-4400

STATE OF NEW JERSEY

AUTO BODY BUSINESS HOURS

Business Name: BUSINESS PHONE:

Street Address: HOME PHONE:

City: State: Zip:

CELL PHONE: Email:

Table with 4 columns: Day, separator, From, To. Rows for Monday through Saturday.

I certify that all of the information included herein is true to the best of my knowledge and belief. I am aware that, if any of this information is willfully false, I am subject to penalty.

Applicant Name (Print) Title

Applicant Signature Date



New Jersey Motor Vehicle Commission

Business Licensing Services Bureau
P.O. Box 168
Trenton, New Jersey 08666-0168
(609) 292-6500 ext.5094
Fax: (609) 292-4400

STATE OF NEW JERSEY

MUNICIPAL APPROVAL CERTIFICATE FOR BUSINESS LICENSE

Applicant Business Name: BUSINESS PHONE:

Street Address: HOME PHONE:

City: State: Zip:

CELL PHONE: Email:

Approval Classification of Applicant:

A. Please check appropriate box

- Initial Application
Change of Address
Branch Location
Verification of Compliance

B. Please check appropriate type of license

- FULL SERVICE LICENSE (SPRAY PAINTING)
LIMITED LICENSE (NO PAINTING)
SUBLET LICENSE (NEW CAR DEALER)
HEAVY-DUTY ENDORSEMENT

Municipal Zoning Official Certification

I, am duly authorized to sign on behalf of the municipality of County of State of New Jersey. I 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 the appropriate box:

- This site was visited by a Zoning Official/ Municipal Representative prior to approval.
This site was not visited by a Zoning Official/ Municipal Representative prior to approval.

Please specify any stipulations or restrictions of your zoning approval:

Municipal Seal

Signature of Zoning Officer/Municipal Official

BLS-162 (R08/23)

Print Name

Phone Number

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)/certificate(s) and hereby certify under penalty of law that I believe that 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: _____

Program Interest ID: _____

Phone: _____

Activity Number ID: _____

Date: _____

STATE OF NEW JERSEY

AUTO BODY SUB-CONTRACT AGREEMENT

I, _____, am the owner of _____
(Sub-contractor) (Business Name)
located at _____ hereby certify that I have entered
(Business Address)
into an agreement with _____ located at
(Applicant's Name)
_____ to perform the below listed
(Applicant's Address)
services.

- Four-Wheel Alignment
- Air Conditioning Services
- Mechanical Repairs
- Structural Repairs (Frame Machine)
- All of the above services are performed in house.

I understand that this document will be attached to his/her New Jersey Auto Body Repair Facility License.

(Subcontractor Signature)

(Applicant's Signature)

(Date)

BLS-164(R08/23)

STATE OF NEW JERSEY

AUTO BODY SUBLET LICENSE AGREEMENT

I, _____, am the owner of _____
(Sub-contractor) (Business Name)
located at _____ hereby certify that I have entered
(Business Address)
into an agreement with _____ located at
(Applicant's Name)
_____ to perform auto body repairs
(Applicant's Address)
for the above named Auto Body Sublet. I have a New Jersey Licensed Auto Body Facility with
a license number of _____.

I understand that this document will be attached to his/her New Jersey Auto Body Repair Facility License.

(Subcontractor Signature)

(Applicant's Signature)

(Date)