



Division of Inspection Services  
 P.O. Box 680  
 Trenton, New Jersey 08666-0680  
 Phone: 609-633-9460

# INSPECTOR LICENSING

**2 Year License - \$50.00**

New    Re-Cert.    Endorsement

For Official Use:

ID Approval \_\_\_\_\_

License # \_\_\_\_\_

Issue Date \_\_\_\_\_

MVC Rep. Approval \_\_\_\_\_

\_\_\_\_\_ Full Name

\_\_\_\_\_ Contact Phone Number

\_\_\_\_\_ Address

\_\_\_\_\_ County

\_\_\_\_\_ City, State, Zip Code

\_\_\_\_\_ Print Mother's Maiden Name

1. Date of Birth \_\_\_\_\_

2. Place of Birth \_\_\_\_\_

3. Sex \_\_\_\_\_

4. Height \_\_\_\_\_

5. Weight \_\_\_\_\_

6. Eye Color \_\_\_\_\_

7. Driver License # \_\_\_\_\_

7. State \_\_\_\_\_

8. Social Security # \_\_\_\_\_

9. Email Address \_\_\_\_\_

Please indicate the name and address of the inspection facility for which you are employed. If additional space is needed, please attach a separate sheet, and be sure to include your name on the top of the additional page.

Inspection Facility	Telephone
Address	City, State, Zip Code
Contact Person	Contact Email Address

Have you ever been convicted of a criminal or disorderly person's offense in this or any other state? If yes, provide a detailed explanation on a separate sheet of paper.    YES    NO

*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 may be subject to punishment.*

Signature \_\_\_\_\_ Date \_\_\_\_\_

**ATTACH COPY OF INSPECTOR TRAINING PROGRAM CERTIFICATION**



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# EXAMINATIONS

Gas Diesel

### Written Test Results:

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Written Test Score

\_\_\_\_\_  
Testing Facility

\_\_\_\_\_  
MVC Representative Signature & ID#

\_\_\_\_\_  
Date

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### Hands-On Test Results:

\_\_\_\_\_ Passed

\_\_\_\_\_ Failed

\_\_\_\_\_  
Testing Facility

\_\_\_\_\_  
MVC Representative Signature & ID#

\_\_\_\_\_  
Date

REJECTION	DATE	INSPECTION	RETURN DATE



New Jersey Motor Vehicle Commission

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



Visit us at www.njmvc.gov

New Jersey is an Equal Opportunity Employer