



MOTOR VEHICLE INSPECTION STATION APPLICATION

INSTRUCTIONS
PREPARE IN DUPLICATE WHEN FAMILIAR WITH THE MOTOR VEHICLE INSPECTION REGULATIONS. PLACE "X" IN THE APPROPRIATE BOXES.

BUSINESS NAME OR GOVERNMENTAL UNIT		STATION PERMIT NUMBER	
PHYSICAL / SHIPPING ADDRESS	COUNTY	TROOP	
CITY	ZIP CODE	AREA CODE & TELEPHONE NUMBER	
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)			ZIP CODE

TYPE & CLASS OF STATION WHAT KINDS OF VEHICLES WILL BE INSPECTED?

CLASS A - ALL VEHICLES B - MOTOR VEHICLES C - MOTORCYCLES ONLY D - COMMERCIAL VEHICLES

TYPE PUBLIC (ALL VEHICLES) PRIVATE (APPLICANT'S VEHICLES ONLY) GOVERNMENT (SPECIFIED GOVERNMENT ONLY)

PRIMARY BUSINESS OR FUNCTION <input type="checkbox"/> NV - NEW VEHICLE DEALER <input type="checkbox"/> UV - USED VEHICLE DEALER <input type="checkbox"/> GR - GENERAL REPAIR <input type="checkbox"/> SC - SERVICE CENTER <input type="checkbox"/> GS - GASOLINE SALES <input type="checkbox"/> OT - OTHER	<input type="checkbox"/> NV - NEW VEHICLE DEALER <input type="checkbox"/> UV - USED VEHICLE DEALER <input type="checkbox"/> FO - FLEET OPERATION <input type="checkbox"/> SH - SCHOOL <input type="checkbox"/> OT - OTHER	<input type="checkbox"/> SH - SCHOOL DISTRICT <input type="checkbox"/> FD - FEDERAL <input type="checkbox"/> ST - STATE <input type="checkbox"/> CO - COUNTY <input type="checkbox"/> CT - CITY <input type="checkbox"/> OT - OTHER
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BUSINESS STRUCTURE SP - SOLE PROPRIETORSHIP PT - PARTNERSHIP LLC - LIMITED LIABILITY CORPORATION CR - CORPORATION

LIST EACH BUSINESS OWNER(S) OR CORPORATE OFFICERS

SUBSIDIARY BUSINESSES OR UNITS (LIST SUBSIDIARIES WHOSE VEHICLES WILL BE INSPECTED UNDER A WRITTEN MAINTENANCE AGREEMENT.)

PERSON AT STATION IN CHARGE OF INSPECTIONS

PERSON AT STATION IN CHARGE OF INSPECTIONS		TITLE
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DAYS & HOURS WHEN INSPECTIONS WILL BE MADE (FILL IN THE NORMAL STARTING & STOPPING TIME FOR EACH INSPECTION DAY.)

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TO	TO	TO	TO	TO	TO	TO

INSPECTOR MECHANIC PERSONNEL (LIST ONLY ACTIVE MECHANICS THAT HAVE A VALID INSPECTOR MECHANIC PERMIT.)

LAST NAME	PERMIT NUMBER	LAST NAME	PERMIT NUMBER
01		02	
03		04	
05		06	
07		08	
09		10	

CERTIFICATION OF OWNER, MANAGER OR GOVERNMENT DIRECTOR

I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS ACCURATE AND COMPLETE.

SIGNATURE	TYPE OR PRINT NAME
	TITLE OR POSITION
	DATE

ACTION RECOMMENDED ON APPLICATION

INSPECTION STATION APPLICATION APPROVED NOT APPROVED (IF THE FACILITIES OR EQUIPMENT ARE INADEQUATE OR IF THE PERSONNEL ARE NOT QUALIFIED, MAKE COMMENTS IN REMARKS.)

APPLICATION APPROVED AS A NEW STATION STATION RENEWAL REINSTATED STATION

TYPE OF STATION APPROVED PUBLIC PRIVATE GOVERNMENTAL CLASS OF STATION APPROVED A B C D

SUPERVISION OF INSPECTION STATION ASSIGNED TO: NAME

INSPECTION STATION APPROVED BY: NAME	BADGE	DATE
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FACILITIES & EQUIPMENT

FACILITIES (MARK "X" IF ADEQUATE)

NUMBER OF INSIDE LANES APPROVED _____

LENGTH _____ WIDTH _____

LENGTH _____ WIDTH _____

APPROVED OUTSIDE AREA _____

LENGTH _____ WIDTH _____

 FLOOR SURFACE LIGHTING HEATING & VENTILATION PERMITS, POSTERS & SIGNS PROPERLY DISPLAYED MVI REGULATIONS & BULLETINS RECORDS SAFETY & MAINTENANCE CLEANLINESS OF INSPECTION AREA TAPE OR RULER FOR LINEAR MEASURING _____ WINDSHIELD STICKER REMOVER (SCRAPER) _____ STICKER / DECAL VALIDATING PUNCH _____ HEAVY DUTY STAPLER _____

EQUIPMENT & METHODOLOGY (MARK "X" IF ADEQUATE)

LIST BRAND AND MODEL OF EACH GAUGE.

BRAKE CHECK: ONE REQUIRED R - DRIVE AND STOP TEST D - DECELEROMETER _____ B - BRAKE MACHINE _____**HOISTING DEVICE** LIFT JACK _____**GAUGES: ALL REQUIRED** BALL JOINT GAUGE _____ BONDED BRAKE LINING GAUGE _____ DISC BRAKE GAUGE _____ RIVETED BRAKE LINING GAUGE _____**REQUIRED FOR SCHOOL BUS INSPECTIONS:** TIRE TREAD DEPTH GAUGE - 1/32" INCREMENTS 1/2" HEX NUT TIED TO 30" OR LONGER 1/8" DRAWSTRING**REMARKS****SPACE BELOW IS FOR MVI ADMINISTRATION**

FEE RECEIVED

 CHECK MONEY ORDER

IDENTIFYING NUMBER

TRANSACTION HANDLED

 VIA MAIL VIA TROOP

DATE PROCESSED

CLERK APPROVING