



MOTOR VEHICLE INSPECTION STATION APPLICATION

BUSINESS NAME OR GOVERNMENTAL UNIT		<input type="checkbox"/> SAFETY <input type="checkbox"/> EMISSIONS		STATION PERMIT NUMBER	
PHYSICAL / SHIPPING ADDRESS		COUNTY			TROOP
CITY		ZIP CODE		AREA CODE & TELEPHONE NUMBER	
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)		ZIP CODE	BUSINESS E-MAIL ADDRESS		
BUSINESS STRUCTURE <input type="checkbox"/> SP — SOLE PROPRIETORSHIP <input type="checkbox"/> PT — PARTNERSHIP <input type="checkbox"/> LLC — LIMITED LIABILITY CORPORATION <input type="checkbox"/> CR — CORPORATION					
LIST EACH BUSINESS OWNER(S), CORPORATE OFFICERS, OR GOVERNMENT OFFICIAL					
		TITLE		TITLE	
		TITLE		TITLE	
SUBSIDIARY BUSINESSES OR UNITS (LIST SUBSIDIARIES WHOSE VEHICLES WILL BE INSPECTED UNDER A WRITTEN MAINTENANCE AGREEMENT.)					
PERSON AT STATION IN CHARGE OF INSPECTIONS					
DAYS & HOURS WHEN INSPECTIONS WILL BE MADE (FILL IN THE NORMAL STARTING & STOPPING TIME FOR EACH INSPECTION DAY.)					
SUNDAY TO	MONDAY TO	TUESDAY TO	WEDNESDAY TO	THURSDAY TO	FRIDAY TO
					SATURDAY TO
<b>INSPECTOR MECHANIC PERSONNEL</b> (LIST ONLY ACTIVE MECHANICS THAT HAVE A VALID INSPECTOR MECHANIC PERMIT.)					
LAST NAME		PERMIT NUMBER		LAST NAME	
01				02	
03				04	
05				06	
07				08	
<b>FACILITIES &amp; EQUIPMENT</b>					
FACILITIES			EMISSIONS ANALYZER NUMBER		
NUMBER OF INSIDE LANES APPROVED _____			SY _____ SY _____		
APPROVED OUTSIDE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO			SY _____		
<b>CERTIFICATION OF OWNER, MANAGER OR GOVERNMENT DIRECTOR</b>					
I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS ACCURATE AND COMPLETE.			TYPE OR PRINT NAME		
SIGNATURE			TITLE OR POSITION		DATE
<b>ACTION RECOMMENDED ON APPLICATION BY MSHP</b>					
APPROVED <input type="checkbox"/> NEW <input type="checkbox"/> RENEW <input type="checkbox"/> REINSTATE <input type="checkbox"/> TRANSFER			TYPE OF STATION APPROVED <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENTAL		
CLASS OF STATION APPROVED <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> G			STATION ASSIGNED TO BADGE		
INSPECTION STATION APPROVED BY: PRINTED NAME			SIGNATURE		BADGE
					DATE
<b>MAIL</b> ALL PAPERWORK AND MONIES TO:			<b>OVERNIGHT ADDRESS:</b>		
MISSOURI STATE HIGHWAY PATROL MOTOR VEHICLE INSPECTION 1510 EAST ELM, P.O. BOX 568 JEFFERSON CITY, MO 65102-0568			MISSOURI STATE HIGHWAY PATROL MOTOR VEHICLE INSPECTION 1510 EAST ELM JEFFERSON CITY, MO 65101		
<b>MAKE PAYABLE TO "DIRECTOR OF REVENUE"</b>					
<input type="checkbox"/> CHECK					
<input type="checkbox"/> MONEY ORDER _____			DATE _____ AMOUNT _____		
SAFETY PERMIT — \$10.00		EMISSIONS PERMIT — \$100.00			
<b>MVI USE ONLY</b>					
DATE PROCESSED		CLERK APPROVING			PERMIT EXPIRED DATE
REMARKS ON BACK					