



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 |
| INSPECTOR MECHANIC PERSONNEL (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 | |
| FACILITIES & EQUIPMENT | | | | | |
| FACILITIES | | | EMISSIONS ANALYZER NUMBER | | |
| NUMBER OF INSIDE LANES APPROVED _____ | | | SY _____ SY _____ | | |
| APPROVED OUTSIDE AREA <input type="checkbox"/> YES <input type="checkbox"/> NO | | | SY _____ | | |
| CERTIFICATION OF OWNER, MANAGER OR GOVERNMENT DIRECTOR | | | | | |
| I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS ACCURATE AND COMPLETE. | | | TYPE OR PRINT NAME | | |
| SIGNATURE | | | TITLE OR POSITION | | DATE |
| ACTION RECOMMENDED ON APPLICATION BY MSHP | | | | | |
| APPLICATION APPROVED ASA <input type="checkbox"/> NEW STATION <input type="checkbox"/> STATION RENEWAL <input type="checkbox"/> REINSTATED STATION | | | 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 |
| MAIL ALL PAPERWORK AND MONIES TO: | | | OVERNIGHT ADDRESS: | | |
| 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 | | |
| MAKE PAYABLE TO "DIRECTOR OF REVENUE" | | | DATE _____ AMOUNT _____ | | |
| <input type="checkbox"/> CHECK | | | | | |
| <input type="checkbox"/> MONEY ORDER | | | | | |
| SAFETY PERMIT — \$10.00 | | EMISSIONS PERMIT — \$100.00 | | | |
| MVI USE ONLY | | | | | |
| DATE PROCESSED | | CLERK APPROVING | | PERMIT EXPIRED DATE | |
| REMARKS ON BACK | | | | | |