

## Action Form for Station Enrollment and Purchase of Electronic Authorizations (Form Required)

Station Number:		County:		Email:		
Station Name:						
Station Address:						
City:				State: NC	Zip:	
Phone Number:			Fax:			

### OWNERS DECLARATION

I, \_\_\_\_\_, the owner, manager, partner or officer of the above station enrolling in the North Carolina Electronic Sticker Program, designate the following individuals who will be responsible for purchasing inspection authorizations for the station listed above. I agree that these individuals will remain authorized to purchase inspection authorizations until the Division of Motor Vehicles, License and Theft Bureau has been notified in writing of any changes of authorization.

Owner/ Manager Signature: \_\_\_\_\_

Date: \_\_\_\_\_

### AUTHORIZED BUYERS

Enter the authorized buyer's information below and select approved purchase type. <b>Note:</b> In most cases, the Technician # and Drivers License number are one in the same.				<b>Purchase Type</b>		
				<u>Web</u>	<u>Analyzer</u>	
				CC	ACH	ACH
Name:		Technician #:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:		Technician #:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:		Technician #:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:		Technician #:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Name:		Technician #:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CC = Credit Card    ACH = Bank Draft

Completed and signed forms may be faxed or mailed to the contact information listed.

Fax# (919) 715-6390  
 NCDMV License & Theft Bureau  
 Inspections Unit  
 3125 Mail Service Center  
 Raleigh, NC 27697-3125