



**NORTH CAROLINA DIVISION OF MOTOR VEHICLES
LICENSE AND THEFT BUREAU**

**Safety Equipment / OBD Inspection
Station Application**

Please type or print legibly all information to assure proper processing of your application.

Inspection Station Name:				
Street Address:				
City / Town:			,NC	Zip:
County:				
Telephone Number:				
List mailing address below if different than station street address.				
Mailing Address:				
City / Town:			,NC	Zip:

Type of License:	<input type="checkbox"/> Public	<input type="checkbox"/> Self-Inspection Station, Number of Vehicles Operated by Business:
A Business designated as a Self-Inspection Station must operate a fleet of NO LESS than 10 vehicles. Self-Inspection Stations may only inspect fleet vehicles owned and operated by that entity. A Self Inspection Station cannot inspect vehicles being offered for sale.		
Type of Station:	<input type="checkbox"/> Safety Equipment Inspection Station	<input type="checkbox"/> Capable of Lifting Heavy Duty Vehicles
	<input type="checkbox"/> Safety Equipment/OBD Inspection Station	
	<input type="checkbox"/> Motorcycle / Trailer Station Only	
Type of Business:	<input type="checkbox"/> Repair Garage	<input type="checkbox"/> Service Station
	<input type="checkbox"/> Dealer's Garage	<input type="checkbox"/> Inspections Only

If individually owned business or partnership, list name and residence address of owner or partners; if corporation, list name, residence address and title of each officer.

Owner / Corp or Partner Name:			Title:	
Drivers License Number:			State:	
Street Address:				
City/Town:			State:	Zip:
Owner / Corp or Partner Name:			Title:	
Drivers License Number:			State:	
Street Address:				
City/Town:			State:	Zip:

Owner / Corp or Partner Name:		Title:	
Drivers License Number:		State:	
Street Address:			
City/Town:		State:	Zip:

List any additional owners, partners, or corporate officers, on a separate sheet.

The following certifiable/certified technicians have a valid driver license, are of good character and have a reputation for honesty, have adequate knowledge of the equipment requirements of the Motor Vehicle Laws of North Carolina, **have general knowledge of motor vehicles sufficient to recognize a mechanical condition which is not safe**, and will be able to satisfactorily conduct the mechanical and/or emissions inspection as required by the Safety and Emissions Program.

Technician Name	DRIVERS LICENSE NO.	State

List any additional technicians on a separate sheet.

Have you or any member of the partnership or any officer of the corporation ever had a license under this law refused, suspended or revoked? Yes No

If so, explain: _____

Have you, or any member of the partnership or any officer of the corporation ever been licensed as an inspection station? Yes No

If so, under what name? _____

I understand that 19A North Carolina Administrative Code 03D .0523 (f) requires that each licensed public station must be open for at least eight normal business hours, five days per week. Official State holidays are exempted. A licensed inspection mechanic shall be on duty to conduct inspection during the hours specified.

Signature of Authorized Applicant: _____

North Carolina General Statutes 20-183.7A(c) and 20-183.8B(c) state that it is the responsibility of the owner of an inspection station to supervise the inspection mechanics employed by the station. A violation by an inspection mechanic is considered a violation by the station or self-inspector for whom the mechanic is employed.

Confirmed violations by an inspection mechanic may result in monetary penalties and suspension of the station and inspection mechanic's license.

Signature of Authorized Applicant: _____

N.C.G.S 20-183.4(b) Requires stations to designate an individual who is responsible for the day-to-day operation of the station. The individual designated must be of good character and have a reputation for honesty.

Full Name:				Title:		
Drivers License Number:				State:		
Street Address:						
City/Town:			State:		Zip:	

CERTIFICATION

I certify as owner, partner, or corporate officer named on the face of this application, I have authority to sign and submit this application; and that the statements contained therein are true and correct.

I further certify on behalf of said firm/business, including myself, that every owner, partner or corporate officer has read and is familiar with the laws and regulations governing the North Carolina Inspection Program; that the members of the business will comply with all lawful regulations of the North Carolina Division of Motor Vehicle; and further, will cooperate with the Division of Motor Vehicles in eliminating fraudulent inspection activity and the employment of fraudulent devices, methods and/or practices. I affirm that that the business has adequate facilities as to space and equipment in order to check each of the items of safety and/or emissions equipment covered in the North Carolina Inspection Program.

Complete Firm Name: _____

Authorized Applicant's Printed Name: _____

Signature: _____ Title: _____

ACKNOWLEDGEMENT

Date: _____ County: _____ State: _____

I certify that the following person personally appeared before me this day, acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated:

_____ (name of principal).

Notary
Signature: _____

(SEAL)

Notary Printed Name: _____

My Commission Expires: _____