



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



**Safety Equipment/OBD Inspection
Station Application**

Inspection Station Name:				
Street Address:				
City:		State:		Zip:
Phone Number:			Fax Number:	
Type of Station:	<input type="checkbox"/> Public		<input type="checkbox"/> Safety Equipment Inspection Station	
	<input type="checkbox"/> Self Inspection Station (see note below)		<input type="checkbox"/> Safety Equipment/OBD Inspection Station	
	If Self Inspection Station, Number of Vehicles operated by business.		<input type="checkbox"/> Capable of Lifting Heavy Duty Vehicles	
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 operated by that agency. A Self Inspection Station cannot inspect vehicles being offered for sale.				
Type of Business Operated:	<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 No 1:			Title:	
Drivers License Number:			State of Issuance:	
Owner / Corporation / Partner Street Address:				
City:		State:		Zip:
Phone Number:			Fax Number:	
Cellular Phone:			Other Phone:	
Owner / Corp or Partner Name No 2:			Title:	
Drivers License Number:			State of Issuance:	
Owner / Corporation / Partner Street Address:				
City:		State:		Zip:
Phone Number:			Fax Number:	
Cellular Phone:			Other Phone:	

List additional owners, partners, or corporate officers on the back of this form.

The following certifiable/certified technicians are of good character and have a good reputation for honesty, have adequate knowledge of the equipment requirements of the Motor Vehicle Laws of North Carolina, have a general knowledge of motor vehicles sufficient to recognize a mechanical condition which is not safe and are able to satisfactorily conduct the mechanical inspection required by the Safety Equipment Inspection Act.

Technician No. 1 Full Name	Drivers License Number:	State of Issuance:
Technicians Street Address:		
City:	State:	Zip:
Home Phone:	Cellular Phone:	
Technician No. 2 Full Name	Drivers License Number:	State of Issuance:
Technicians Street Address:		
City:	State:	Zip:
Home Phone:	Cellular Phone:	
Technician No. 3 Full Name	Drivers License Number:	State of Issuance:
Technicians Street Address:		
City:	State:	Zip:
Home Phone:	Cellular Phone:	
Technician No. 4 Full Name	Drivers License Number:	State of Issuance:
Technicians Street Address:		
City:	State:	Zip:
Home Phone:	Cellular Phone:	
Technician No. 5 Full Name	Drivers License Number:	State of Issuance:
Technicians Street Address:		
City:	State:	Zip:
Home Phone:	Cellular Phone:	

List additional technicians on the back of this form

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 Yes, Please 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 Yes, What was the station name?

I certify that, as an 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 that I have read and am familiar with the laws and regulations governing this program and will comply with all lawful regulations of the North Carolina Division of Motor Vehicle. I affirm that I have adequate facilities as to space and equipment in order to check each of the items of safety and/or emissions equipment covered in the Safety Inspection Act.

Printed Name of Owner, Partner, or Corporate Officer

Signature

Date

Title