



NORTH CAROLINA DIVISION OF MOTOR VEHICLES
License and Theft Bureau

**Safety Equipment / OBD Inspection
Station and Technician Application**

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

Inspection Station Name:					
Street Address:					
City / Town:				,NC	Zip: <input type="text"/>
County:					
Telephone Number:					
List mailing address below if different than station street address.					
Mailing Address:					
City / Town:				,NC	Zip: <input type="text"/>

Type of License:	<input type="checkbox"/> Public	<input type="checkbox"/> Self-Inspection Station, Number of Vehicles Operated by Business:	<input type="checkbox"/> Pre-determination Hearing (\$45.00 fee)
<p>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.</p>			
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
<p>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.</p> <p>N.C.G.S. § 93B-2 requires the Division to track and report to the Secretary of State, the Attorney General, Military & Veteran's Affairs, and the Joint Legislative Administrative Procedure Oversight Committee, an annual report containing the following information. Please indicate the military status of owner, partners, or any members of the corporation listed on this application.</p>			
Owner / Corp or Partner Name:			Title:
Driver's License Number:			State: <input type="text"/>
Street Address:			
City/Town:		State: <input type="text"/>	Zip: <input type="text"/>
Military Status:	<input type="checkbox"/> Active-Duty Military	<input type="checkbox"/> Military Veteran	<input type="checkbox"/> Military Spouse <input type="checkbox"/> Not Applicable
Owner / Corp or Partner Name:			Title:

Driver's License Number:					State:		
Street Address:							
City/Town:				State:		Zip:	
Military Status:	Active-Duty Military	Military Veteran	Military Spouse	Not Applicable			
Owner / Corp or Partner Name:					Title:		
Driver's License Number:					State:		
Street Address:							
City/Town:				State:		Zip:	
Military Status:	Active-Duty Military	Military Veteran	Military Spouse	Not Applicable			

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

Have you or any member of the partnership or any officer of the corporation ever had a license issued under Article 3A of Chapter 20 that was subsequently refused, suspended or revoked, or is currently pending refusal, revocation or suspension? 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? _____

All owners and technicians involved with the station are of good character and have a reputation for honesty? Yes No

The following certifiable/certified technicians have a valid driver license, are qualified pursuant to North Carolina General Statute, 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. Please indicate whether each technician consents to the record check with a Yes or No.

Technician Name	Drivers License No.	State	Consent for Record Check

List any additional technicians on a separate sheet.

In reviewing an application, the Division may deny an application pursuant to a prior conviction only upon compliance with the requirements of Article 3A of Chapter 20 and N.C.G.S. § 93B-8. Upon review of the application where an owner or technician has a criminal conviction, the Division shall consider:

- (1) The level and seriousness of the crime.
- (2) The date of the crime.
- (3) The age of the person at the time of the crime.
- (4) The circumstances surrounding the commission of the crime, if known.
- (5) The nexus between the criminal conduct and the prospective duties of the applicant as a licensee.
- (6) The prison, jail, probation, parole, rehabilitation, and employment records of the applicant since the date the crime was committed.
- (6a) The completion of, or active participation in, rehabilitative drug or alcohol treatment.
- (6b) A Certificate of Relief granted pursuant to N.C.G.S. § 15A-173.2.
- (7) The subsequent commission of a crime by the applicant.
- (8) Any affidavits or other written documents, including character references.

The specific owner or technician may attach any information relevant for the Division to consider in reviewing the application for the station or technician. Such information can include, but not limited to, the considerations listed above in (1) through (8) that the Division shall consider.

In reviewing an application, the Division may deny the application where the specific owner or applicant lack either good character or a reputation for honesty. As with a prior conviction, the specific owner or technician may attach any information relevant for the Division to consider in reviewing the application.

If the Division denies an application for an owner or technician based on a conviction, the applicant may appeal the denial under the procedures set forth under Article 4 of Chapter 150B. If the Division denies an application on other grounds listed under Article 3A of Chapter 20, the applicant may appeal the denial under the procedures set forth under N.C.G.S. § 20-183.8G.

I understand that 19A N.C.A.C. 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: _____

N.C.G.S. § 20-183.7A(c) and § 20-183.8B(c) dictate 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: _____