

This Application is for	<input type="checkbox"/> New Applicant	<input type="checkbox"/> Name Change Only	<input type="checkbox"/> Mailing Address Only	<input type="checkbox"/> Change in Ownership
	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Change of Location	<input type="checkbox"/> Replacement Station Only	<input type="checkbox"/> Fleet Station Only

<b>Legal Name of Inspection Station:</b>		<b>Street Sign Name of Inspection Station:</b>		
<b>Mailing Address of Business:</b> <i>If PO Box, also fill in "Physical Address" below.</i>		City:	State:	Zip:
<b>Physical Address of Business:</b> <i>No PO or Private Box.</i>		City:	State:	Zip:
<b>Business Phone</b>	<b>Home Phone</b>	<b>Email</b>		
<b>Inside Dimensions of Garage</b> (working space only)	<b>FEIN/SSN</b>	<b>Vermont Tax ID #</b>	<b>Inspection Station #</b>	
1. Have you been associated, in any way, with the appointment of an official inspection station, which has been suspended or revoked? (If yes, explain on a separate sheet.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2. Do you have previous convictions for extortion, forgery, fraud related crimes, larceny or embezzlement?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3. Do you have previous records of willful violations of inspection laws or regulations in this or any other jurisdiction?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
4. Do you have civil judgments that are result of willful intent to commit fraud or misrepresentation?		<input type="checkbox"/> Yes <input type="checkbox"/> No		
5. Do you have violations of issuing non-negotiable, insufficient funds, account closed or counterfeit checks within the past 5 years?		<input type="checkbox"/> Yes <input type="checkbox"/> No		

Vermont Mandatory "Good Standing" Declarations	
Child Support	Child Support Orders, 15 V.S.A. § 795c: As of the date of this application: <b>(you must check one)</b>
	<input type="checkbox"/> I am not subject to a child support order; OR
	<input type="checkbox"/> I am subject to a child support order and am in good standing or in full compliance with a plan to pay; OR
	<input type="checkbox"/> I am not in good standing or in full compliance with a plan to pay.
Vermont Taxes	Tax Compliance, 32 V.S.A. § 3113b: As of the date of this application: <b>(you must check one)</b>
	<input type="checkbox"/> No taxes are due and payable and all required returns have been filed; OR
	<input type="checkbox"/> I have never lived or worked in Vermont and do not owe Vermont taxes; OR
	<input type="checkbox"/> The liability for any taxes due and payable is on appeal; OR
	<input type="checkbox"/> I am in compliance with a payment plan approved by the Vermont Department of Taxes; OR
	<input type="checkbox"/> I am not in good standing with the Vermont Department of Taxes or in full compliance with a plan to pay.
Judicial Bureau	Unpaid Judgments, 4 V.S.A. § 1110b&c: As of the date of this application: <b>(you must check one)</b>
	<input type="checkbox"/> I do not have any unpaid judgments
	<input type="checkbox"/> I am in good standing with respect to any unpaid judgment issued by the judicial bureau or district court for fines or penalties for a violation or criminal offense; OR
	<input type="checkbox"/> I am not in good standing.

If this application is approved, I/we certify that:

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>a. All inspection mechanics are at least 18 years of age.</li> <li>b. All inspection mechanics will be certified by the Department of Motor Vehicles by completing an application form prescribed by the Commissioner and will pass an examination based on the official inspection manual for each type of vehicle to be inspected, if required.</li> <li>c. Each motor vehicle offered for inspection will be thoroughly and efficiently checked and all defects remedied before an inspection certificate is attached.</li> </ul> | <ul style="list-style-type: none"> <li>d. Each registration certificate and proof of insurance will be checked with the vehicle identification number, plate number and type and make of vehicle.</li> <li>e. The station will provide the tools necessary to inspect such vehicles.</li> <li>f. I/we understand that violation of any instruction or regulation issued by the Department will be deemed cause for suspension or revocation of this approval.</li> <li>g. I/we understand that the inspection station will be subject to unscheduled visits by DMV Investigator or Authorized Agents.</li> </ul> |
|---|--|

I/we understand I/we will be responsible for maintaining an internet connection to facilitate the electronic recording and processing of vehicle inspection data. I/we certify that the statements on this application are true and correct to the best of my knowledge. This declaration is made under penalties of 23 VSA §202.	<table style="width:100%; border-collapse: collapse;"> <tr> <th style="width:80%; padding: 5px;">Signature of Applicant</th> <th style="width:20%; padding: 5px;">Date Signed</th> </tr> <tr> <td style="padding: 5px; text-align: center; vertical-align: middle; font-size: 2em;">X</td> <td style="padding: 5px;"></td> </tr> <tr> <td style="padding: 5px;">Printed Name</td> <td style="padding: 5px;">Date of Birth</td> </tr> <tr> <td style="padding: 5px;">Job Title</td> <td style="padding: 5px;"></td> </tr> </table>	Signature of Applicant	Date Signed	X		Printed Name	Date of Birth	Job Title	
Signature of Applicant	Date Signed								
X									
Printed Name	Date of Birth								
Job Title									

1. List Inspection Mechanic(s): *(Please attach list if you have additional mechanics.)*

<b>Name:</b>	<b>Certificate #:</b>	<b>Name:</b>	<b>Certificate #:</b>
<b>Name:</b>	<b>Certificate #:</b>	<b>Name:</b>	<b>Certificate #:</b>

2. This application for Official Inspection Station to be issued for:

- Trailer Only
- Regular Inspection (cars, trucks, trailers)
- Cars and Trucks Only
- Replacement Station (cars and trucks only)
- Motorcycles/Mopeds
- School Buses (if this applies, complete box at right)
- Fleet (if this applies, complete box at right)

<b>Approximate number of vehicles: (School Bus and Fleet Only)</b>		
Cars and Trucks	Trailers Only	School Buses

**\*FOR DEPARTMENT USE ONLY\***

3. If headlight adjustment is checked by other than screen, give make, model number and serial number (s) of aimer(s):

Make	Model	Serial Number
Make	Model	Serial Number

4. Check items required of garage to conduct inspection:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Approved lift  | <input type="checkbox"/> Posted hourly rate or Inspection fee | <input type="checkbox"/> Tire Pressure Gauge       |
| <input type="checkbox"/> Adequate tools | <input type="checkbox"/> Tread depth gauge                    | <input type="checkbox"/> Ball joint dial indicator |
| <input type="checkbox"/> Approved floor | <input type="checkbox"/> Approved Screen                      | <input type="checkbox"/> OBD II scan tool          |

5. If more than one bay is approved within the garage, designate which bay(s) is/are authorized for inspection purposes (provide a diagram if necessary).

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\_\_\_\_\_

I have inspected the above premises, checked the equipment therein and interviewed the owner (or authorized officer of the corporation) thereof, and recommend this application be:	<input type="checkbox"/> <b>APPROVED</b> <input type="checkbox"/> <b>DISAPPROVED</b>
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If **Disapproved**, state reason: \_\_\_\_\_

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**Investigator's notes:** \_\_\_\_\_

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**Date:** \_\_\_\_\_ **Investigator's Signature:** \_\_\_\_\_