



Application for Motor Vehicle Inspection Station License



Please Read the Instructions

You must answer all the questions that apply. Incomplete applications will be returned. Copies of completed applications will also be returned. If you have questions about the application, please call 624-8935 or 624-8934.

Mail to: Maine State Police – Traffic Division
Motor Vehicle Inspection Unit
20 State House Station
Augusta, Maine 04333-0020

SBI Fee: \$21.00 (required for each owner, manager & glass replacement agent/tint certifier)
Inspection Manual: \$15.00
Application Fee: \$1.00

I am applying for the following type of license:
 Public Glass Replacement
 Fleet Tint Certification

****Fleet stations must provide copies of at least 10 vehicles in the Fleet/registered to the Business/Owner****

For office use only:	Station Number:
	Inspector Assigned:

1	Legal Business Name of Station: New Car Dealer: YES or NO (circle one)
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2	Physical Address:
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3	Mailing Location if Different from Physical Address: *must be physical location or PO Box in same town*
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4	Telephone Number of Business:
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5	List your Business Hours (16 hours minimum – be specific): Business Email Address (required):
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6	Does the Business employ at least one full time licensed inspection mechanic? (required) <input type="checkbox"/> Yes <input type="checkbox"/> No
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7	List all licensed inspection mechanics/replacement agents/tint certifiers (providing inspection technician license number, driver's license number & date of birth) employed by the business. (Use separate sheet if necessary.)
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All owners/representatives of the business/corporation must answer the following.
(If more than one owner/representative, please answer 8a – 8d on a separate sheet of paper)

8a	Name:	Driver's License #:	State:
	Date of Birth:		

8b	Home address: Home phone number:
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8c	Have you <u>ever</u> had any criminal or motor vehicle convictions (includes traffic tickets)? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, explain briefly:
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8d	Name of Corporation (if applicable): Address of Corporation:
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9	Have you been approved by the city/town for this type of business at this location? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of Code Enforcement Officer: _____ Phone Number: _____	

10	State Of Maine – Maine Revenue Services 624-9693 Resale/Retailer Certificate Number: Exemption Certificate Number (If exempt): Please enclose a copy of the Resale/Retailer/Exemption Certificate.
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11a	Name of On-Site Manager (required): Date Of Birth: _____ Driver's License #: _____ State: _____
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11b	Home Address of On-Site Manager: Home Phone Number of On-Site Manager: _____
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11c	Have you, the On-Site Manager, <u>ever</u> had any criminal or motor vehicle convictions (includes traffic tickets)? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answered yes, please explain briefly: _____
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12	Does the station have all the required equipment as specified in the inspection manual? (required) <input type="checkbox"/> Yes <input type="checkbox"/> No
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Indicate the class(es) of vehicles applied for:

- ____ Class A (Motor vehicles not exceeding a gross weight of 10,000 lbs and woods tractors; excluding school buses, motorcycles, mopeds, and motor driven cycles.)
- ____ Class B (School Buses) (Must also have Class A and D.)
- ____ Class C (Motorcycles, mopeds, and motor driven cycles.)
- ____ Class D (Motor vehicles with a gross weight rating of 10,001 or more pounds, vehicles designed to transport more than 15 passengers, vehicles used to transport hazardous materials in quantities required to be placarded or commercial vehicles with a gross combination weight rating of 10,001 pounds or more, except school buses.)
- ____ Class E (Any gasoline powered vehicle required to be registered in Cumberland County which is subject to the enhanced inspection described in 29-A MRSA §1751.) (Must also have Class A.)

Agreement

I, the undersigned owner or authorized person (for corporations) of the business named above located at the above address agree to the following terms regarding the operation of this business if licensed as an inspection station.

- 1- I and any employees of this business shall comply with Maine laws, rules and regulations governing inspections.
- 2- If I or my employees do not comply with the applicable laws, rules and regulations, I understand that the inspection station license may be suspended or revoked.
- 3- I agree that if the station license is terminated for any reason, I will surrender all State of Maine inspection materials to the Maine State Police.
- 4- I certify that the above statements are true to the best of my knowledge. The Maine State Police has my permission to contact the people necessary to verify the statements on the application. I understand that any misstatements on this application shall be cause to deny issuing a license or shall be cause for a hearing concerning suspension of such license. **Any false information on this application may be punishable under 17-A MRSA §453.**

Date: _____ Signature: _____
Title: _____

This station is approved or denied: <input type="checkbox"/> Fleet <input type="checkbox"/> Public <input type="checkbox"/> Glass Replacement <input type="checkbox"/> Tint	
This station is qualified for the following license(s): A B C D T E	
Date: _____	Public Safety Inspector Signature _____