



Application For Appointment As An Official Inspection Station

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

120 State Street
Montpelier, Vermont 05603-0001
802.828.2038
dmv.vermont.gov

I/we hereby make application for appointment as an Official Inspection Station at the location indicated.

Station Number Assigned

Legal Name of Inspection Station:		Street Sign Name of Inspection Station:		
Mailing Address:	Street	Town/City	State	Zip
Physical Address:	Street	Town/City	State	Zip
Business Telephone	Home Telephone	Email Address	Federal ID/Social Security Number	

This application is submitted for:

<input type="checkbox"/> New Application	<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

1. Have you been associated, in any way, with the appointment of an official inspection station which has been suspended or revoked? <input type="checkbox"/> No <input type="checkbox"/> Yes (If yes, explain on a separate sheet.)	2. Give the inside dimensions of your garage (measure working space only):
3. Are you in good standing with respect to, or in full compliance with, a plan approved by the Commissioner of Taxes to pay any and all taxes due the State of Vermont and all returns have been filed as of the date of this application? <input type="checkbox"/> Yes <input type="checkbox"/> No	4. Are you in good standing with respect to, or in full compliance with, a plan to pay any and all child support payable under a support order as of the date this application is filed? If not, the certificate for which you are applying cannot be issued. <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are you in good standing with respect to, or in full compliance with, a plan to pay any and all contributions to the State Unemployment Fund as of the date this application is filed? If not, the certificate for which you are applying cannot be issued. <input type="checkbox"/> Yes <input type="checkbox"/> No	6. Do you have previous convictions for extortion, forgery, fraud related crimes, larceny or embezzlement? <input type="checkbox"/> Yes <input type="checkbox"/> No
7. 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	8. Do you have civil judgments that are result of willful intent to commit fraud or misrepresentation? <input type="checkbox"/> Yes <input type="checkbox"/> No
9. 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 Tax Number:

If this application is approved I/we certify that:

a. All inspection mechanics are at least 18 years of age.	f. The station will provide the tools necessary to inspect such vehicles.
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.	g. 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.
c. Inspection stickers and tabs will be kept in a secure place to avoid theft.	h. Inspection logs will be maintained and kept up to date.
d. Each motor vehicle offered for inspection will be thoroughly and efficiently checked and all defects remedied before an inspection certificate is attached.	i. I/we understand that the inspection station will be subject to unscheduled visits by DMV Investigator or Authorized Agents.
e. Each registration certificate and proof of insurance will be checked with the vehicle identification number, plate number and type and make of vehicle.	j. Enclosed is \$500.00 check/money order to be deposited in an escrow account for issuance of our initial inspection stickers. If we are disapproved, DMV will refund the money.

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.

Printed Name	Job Title	Signature	Date Signed	Date of Birth

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

Name:	Certificate #:	Name:	Certificate #:
Name:	Certificate #:	Name:	Certificate #:

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)

Approximate number of vehicles: (School Bus and Fleet Only)	
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).

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"/> APPROVED <input type="checkbox"/> DISAPPROVED
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If **Disapproved**, state reason: _____

Investigator's notes: _____

Date: _____ **Investigator's Signature:** _____