

## INSTRUCTIONS FOR COMPLETING APPLICATION FOR INSPECTION STATION APPOINTMENT (RDMV705)

- 1) If you are an existing inspection station renewing or making changes, please print station number in upper right corner.
- 2) Indicate reason for application in upper right corner.
- 3) Check off station type. If Auto and Motorcycle, please check off both. If both you will need to submit the appropriate fee (\$50.00) for each type.
- 4) Enter Corporate Name if applicable. This must exactly match the way the name is registered with Secretary of State. All business names must be registered with the Secretary of State per RSA 349:1. **A copy of the Good Standing from Secretary of State must be attached.** Please visit the Secretary of State's web site at <https://www.sos.nh.gov/corporate/soskb/csearch.asp>
- 5) Enter Trade Name. If there is no trade name of record and only a corporate name then reprint corporate name or print SAME. All business names must be registered with the Secretary of State per RSA 349:1. **A copy of the Good Standing from Secretary of State indicating that the trade name is "Active" must be attached.** Please visit the Secretary of State's web site at <https://www.sos.nh.gov/corporate/soskb/csearch.asp>
- 6) Enter Business Legal Address: This is the physical location where the business is conducted. This cannot be changed without prior notification and approval per Saf-C 3207:03.
- 7) Enter Business Mailing Address. This can be a P O Box and can be updated at renewal time without prior approval
- 8) Business hours of operation: List the hours of operation per day. The total hours of operation each week must comply with the Saf-C 3207.01.
- 9) Include the business phone number and e-mail address if applicable.
- 10) You must answer all of the questions asked. If they are left blank, the application will be returned.
- 11) List the Owners/Partners/Members of the business that are responsible for business in New Hampshire. The Full legal name, gender, date of birth, driver's license number, **complete** physical home address, home phone number, signature of **each owner** and their respective titles must be completed. Use an additional sheet of paper if necessary. Owner updates require notification **in writing 30 days prior to the effective date** with the signature of all owners per Saf-C 3207.02. Do not wait until renewal time to update the owners of record. Inspection station appointments are non-transferable.
- 12) For each owner, include an original, current criminal record from the state of New Hampshire and the owner's current state of residence. Make sure they accompany the application. Please do not have the record forwarded to the Inspection Desk. If they are not included with the application, the application will be returned.
- 13) Answer yes or no if any owner listed on the inspection station appointment application has been convicted of felony extortion, forgery, fraud related crimes, theft, or embezzlement in the past 10 years.

14) Answer yes or no if any inspection station owner applicant or mechanic has had their inspection or mechanic license suspended more than once for a violation of inspection laws or regulations in this or any other jurisdiction. Provide details regarding who, when and the circumstances.

15) Answer yes or no if any inspection station applicant ever had its inspection authorization revoked in this or any other jurisdiction. Provide details regarding who, when and the circumstances.

16) Answer yes or no if any inspection station applicant ever relocated or discontinued business without appropriate notification and surrendering of supplies. Provide details regarding who, when and the circumstances.

17) Answer yes or no if any inspection station applicant or mechanic has any unpaid fines related to inspection rule. All fines must be paid before an inspection station appointment can be made.

18) List additional persons authorized to purchase stickers on behalf of the business. Owners are already authorized. This may be updated at renewal time or when changes occur.

19) List all approved mechanics at the inspection station. If an owner is certified and plans to perform inspections, they must be listed here. This listing should be updated via fax to 227-1061 as changes occur. Do not wait until renewal time to update this listing.

20) All owners must read and understand the Agreement. One owner must sign and date the application. All questions answered and any additional information is offered under penalty of unsworn falsification pursuant to RSA 641:3.

Please make sure that all questions are answered and all the appropriate signatures are on the application and submit them with the requested documentation by mail to the DMV, Inspection Desk, 23 Hazen Drive, Concord NH 03305. Applications must be complete in order to process them. Applications are not considered complete if any portion is left blank or additional documentation is not received with the application and will be returned. This will slow the process down.

If you have any questions regarding inspection station appointments or the administrative rules or laws, please visit <http://www.nh.gov/safety/divisions/dmv/rules-laws/index.htm> or call the Inspection Desk at 603-227-4120.



John J. Barthelmes  
 Commissioner of Safety  
 Elizabeth A. Bielecki  
 Director of Motor Vehicles

**STATE OF NEW HAMPSHIRE  
 DEPARTMENT OF SAFETY  
 Division Of Motor Vehicles**  
 Stephen E. Merrill Safety Building  
 23 Hazen Drive, Concord, NH 03305  
 (603) 227-4120  
 TDD Access: Relay NH 7-1-1

**STATION NUMBER**

PLEASE PRINT OR TYPE

- NEW  
 RENEWAL  
 LOCATION CHANGE

**APPLICATION – INSPECTION STATION APPOINTMENT**

Must be completed in its entirety and legible. Incomplete applications will be returned see instructions for completing application.(RSA 266:1)

STATION TYPE: **(\$50.00 fee for each type)**  Automobile  Motorcycle  Fleet  
 STATION TYPE: **(No Charge)**  Government  Replacement Glass

**CORPORATE NAME:** \_\_\_\_\_

All businesses must be registered with the NH Secretary of State per RSA 349:1. Please attach a copy of good standing.

**TRADE NAME:** \_\_\_\_\_

All businesses must be registered with the NH Secretary of State per RSA 349:1. Please attach a copy of good standing.

**BUSINESS LEGAL ADDRESS:** \_\_\_\_\_  
 Street/ PO Box Town/City NH Zip Code

**BUSINESS MAILING ADDRESS:** \_\_\_\_\_  
 Street/ PO Box Town/City NH Zip Code

**BUSINESS HOURS OF OPERATION** (Indicate days & hours pursuant to SAF-C 3207.01):

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_  
 Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_ Sunday: \_\_\_\_\_

Telephone Number \_\_\_\_\_ Email Address (optional): \_\_\_\_\_

Does your business comply with the terms of all applicable building codes, zoning, and other land use regulatory ordinances? \_\_\_\_\_ YES \_\_\_\_\_ NO

Do you have all required tools and equipment per administrative rule SAF-C 3200 \_\_\_\_\_ YES \_\_\_\_\_ NO

**OWNERS/PARTNERS/ AND IF CORPORATION, OFFICERS/MEMBERS WHO WILL BE THE RESPONSIBLE PARTY FOR THE NH BUSINESS:**

**Full Legal Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Driver License#:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Complete Physical Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Full Legal Name:** \_\_\_\_\_ **Gender:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Driver License#:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Complete Physical Home Address:** \_\_\_\_\_ **Home Phone:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**For each owner, attach an original, current criminal record from the State of New Hampshire and the owner's current state of residence.**

1. Has any inspection station applicant had a previous record of felony criminal convictions for extortion, forgery, fraud related crimes, theft, or embezzlement in the past 10 years? YES  NO

2. Has any inspection station applicant or mechanic had their inspection or mechanic authorization suspended more than once for a violation of inspection laws or regulations in this or any other jurisdiction? YES  NO

Please explain: \_\_\_\_\_

3. Has any inspection station applicant ever had its inspection authorization revoked in this or any other jurisdiction? YES  NO

Please explain: \_\_\_\_\_

Use additional page if necessary

4. Has any inspection station applicant ever relocated or discontinued business without appropriate notification and surrendering of supplies? YES  NO

5. Does any inspection station applicant or mechanic have any unpaid fines related to inspection rules? YES  NO

**AUTHORIZED PERSONS:** Other than yourself, list those persons authorized to sign the inspection sticker requisition.

Full Legal Name:                      Gender:                      DOB:                      Full Home Address:                      Driver License #:                      Signature:

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**MECHANICS:** List mechanics approved by the Department of Safety to perform New Hampshire Safety inspections. List certification number, type of mechanic certification, (i.e: Auto, Moto, Heavy Truck/Bus, School Bus), name, home address, home phone # and date of birth.

AUTH.                      CERT.                      MECHANIC'S FULL LEGAL                      HOME                      HOME                      DATE  
TYPE:                      NUMBER:                      NAME:                      ADDRESS:                      PHONE #:                      OF BIRTH:

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**AGREEMENT**

In consideration of our appointment as an Official Station, I, on behalf of all the owners, partners and officers listed as part of this application, do hereby agree to be familiar with, and abide by, all applicable statutes and inspection rules, to carefully inspect every motor vehicle presented for inspection; to make required adjustments and repairs when duly authorized by the owner at regular charges for such service and to use no unfair means in soliciting such work; to conduct the business in accordance with the inspection rules and regulations and to issue official inspection stickers for motor vehicles only after testing them and finding them to be in passing, safe operating condition and in compliance with applicable statutes. Further, I certify that we will issue inspection stickers to those vehicles which meet the requirements as applicable, and will not require the unnecessary replacement of parts.

I further understand that a violation of any of the rules and regulations issued by the Director, Division of Motor Vehicles, will be deemed sufficient cause for an administrative hearing and penalties may be imposed.

**The Name, Title, and Signature listed below shall be for one of the Owners/Partners/Officers as listed on the front of this application.**

Name \_\_\_\_\_ Title \_\_\_\_\_

(Please Print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

This application is signed and any additional information is offered under the penalty of unsworn falsification pursuant to RSA 641:3.