



John J. Barthelmes
 Commissioner of Safety
 Virginia C. Beecher
 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) 271-2321
 TDD Access: Relay NH 1-800-735-2964

STATION NUMBER

PLEASE PRINT OR TYPE

NEW _____

RENEWAL _____

APPLICATION – INSPECTION STATION APPOINTMENT

STATION TYPE: **(\$25.00 Fee)** _____ Automobile _____ Motorcycle _____ Fleet

STATION TYPE: **(No Charge)** _____ Government _____ Replacement Glass

CORPORATE NAME _____

TRADE NAME _____

MAILING ADDRESS _____
(RR/RFD/PO Box, Town/City, NH, Zip Code)

DAYS/HOURS OF OPERATION _____

LEGAL BUSINESS ADDRESS _____
(Street/Road, Town/City, NH, Zip Code)

Telephone Number _____

Inside Garage Dimensions: Length _____ Width _____

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? _____ YES _____ NO

OWNERS/PARTNERS/OFFICERS: List all.

NAME	HOME ADDRESS	HOME PHONE #	DATE OF BIRTH	TITLE	DRIVER LICENSE NUMBER

AUTHORIZED PERSONS: Other than yourself, list those persons authorized to sign the inspection sticker requisition. List sticker type (Auto, Moto), name and signature.

STICKER TYPE	NAME	SIGNATURE	DRIVER LICENSE NUMBER

MECHANICS: List all mechanics approved by the Department of Safety to perform New Hampshire Safety inspections. List certificate number, type of authorization – Auto, Moto, mechanic name and date of birth.

CERT. NUMBER	AUTH. TYPE	MECHANIC NAME	HOME ADDRESS	HOME PHONE #	DATE OF BIRTH

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 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, Signature, and Address 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 _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3