NEW YORK STATE | Department of Motor Vehicles

ORIGINAL FACILITY APPLICATION

FOR ASSISTANCE WITH THE COMPLETION OF THIS APPLICATION OR INFORMATION ON BUSINESS REQUIREMENTS
PLEASE VISIT DMV.NY.GOV

DMV USE ONLY		
Tracking #	County	Zip Code
Facility #	Facility Name	

ALL APPLICANTS: PLEASE READ CAREFULLY

This is the business type that you are applying for. Complete all 5 pages of this form

☒ **Inspection Station**
inspection information is on page 4

NOTE: If applying for a Junk & Salvage business you will need to submit form VS-1JS.

PART 1 Print name and location of business, business e-mail address and phone number below:

Business Name	Business E-mail Address
Business Street Address (physical location)	Business Phone No. (Area Code) ( )
City / State / ZIP	County

CONTACT: This information will be used for contact and correspondence while processing this application ONLY!

Contact Person (principal of business) / Title	Contact's E-mail Address
Mailing Address	Contact Phone No. (Area Code) ( )
City / State / ZIP	County

PART 2

Ownership - you may only select one of the following four business types *(Part 2 continues on next page)*

☐ **Individual (complete Section A)**
☐ **Partnership (complete Section B)**
☐ **Corporation/LLC (complete Section C)**
☐ **Government/Education (complete Section D)**

SECTION A

☐ **INDIVIDUAL** (doing business in your legal name)
➢ Proof of business name not required.

OR

☐ **INDIVIDUAL WITH ASSUMED NAME** ("doing business as" or DBA name)
enclose a copy of the business certificate obtained from your County Clerk's office.

Attach a copy (front & back) of the owner's valid driver license. If the owner does not have a driver license, attach a copy of one of the following: non-driver ID card, passport or resident alien card.

Last Name / First / MI	Date of Birth (Month/Day/Year)
Residence Address (Include Number and Street) / City / State / ZIP	Residence Phone No. (Area Code) ( )
Please Sign Name In Full	Driver License/Non Driver ID Number

SECTION B

☐ **PARTNERSHIP WITH ASSUMED NAME** ("doing business as" or DBA name)
➢ Enclose a copy of the partnership papers obtained from your County Clerk's office. The partnership papers must contain all partners' names and the DBA name.

Complete one section for each partner; if more than three, attach additional pages. Attach a copy of each partner's driver license. If a partner does not have a driver license, attach a copy of one of the following: non-driver ID card, passport or resident alien card.

1. Last Name / First / MI	Date of Birth (Month/Day/Year)
Residence Address (Include Number and Street) / City / State / ZIP	Residence Phone No. (Area Code) ( )
Please Sign Name In Full	Driver License Number
2. Last Name / First / MI	Date of Birth (Month/Day/Year)
Residence Address (Include Number and Street) / City / State / ZIP	Residence Phone No. (Area Code) ( )
Please Sign Name In Full	Driver License Number
3. Last Name / First / MI	Date of Birth (Month/Day/Year)
Residence Address (Include Number and Street) / City / State / ZIP	Residence Phone No. (Area Code) ( )
Please Sign Name In Full	Driver License Number

PART 2 continued on next page

Business Name _____

PART 2 (Ownership) CONTINUED FROM PAGE 1

SECTION C

☐ **CORPORATION** (Inc., Corp., Ltd.)

➢ Enclose a copy of the filing receipt issued from the NYS Department of State: **(518) 473-2492 or dos.ny.gov**

☐ **CORPORATION WITH ASSUMED NAME** ("doing business as" or DBA name)

➢ Print corporation name below and enclose a copy of the filing receipt with the assumed name issued from the NYS Department of State: **(518) 473-2492 or dos.ny.gov**

Corporation Name_____

☐ **LIMITED LIABILITY COMPANY (LLC)**

For Inc., Corp., and Ltd., list corporate officers. **President, Secretary and Treasurer are required** (one person may be President, Secretary, and/or Treasurer). List stockholders and percentage of stock (not required for publicly-traded companies). For LLC, list all managing members. Attach additional pages if needed. Attach a copy of each listed person's driver license. (If any listed person does not have a driver license, attach a copy of one of the following: non-driver ID card, passport or resident alien card. (Must include documents to show company is publicly-traded.)

1. Last Name | First | MI | Date of Birth (Month/Day/Year)

Title (check all that apply) ☐ President ☐ Secretary ☐ Treasurer ☐ Member ☐ Other _____ | Percentage of Stock

Residence Address (Include Number and Street) | City | State | ZIP | Residence Phone No. (Area Code) ( )

Please Sign Name In Full | Driver License Number

2. Last Name | First | MI | Date of Birth (Month/Day/Year)

Title (check all that apply) ☐ President ☐ Secretary ☐ Treasurer ☐ Member ☐ Other _____ | Percentage of Stock

Residence Address (Include Number and Street) | City | State | ZIP | Residence Phone No. (Area Code) ( )

Please Sign Name In Full | Driver License Number

3. Last Name | First | MI | Date of Birth (Month/Day/Year)

Title (check all that apply) ☐ President ☐ Secretary ☐ Treasurer ☐ Member ☐ Other _____ | Percentage of Stock

Residence Address (Include Number and Street) | City | State | ZIP | Residence Phone No. (Area Code) ( )

Please Sign Name In Full | Driver License Number

SECTION D

☐ **EDUCATIONAL FACILITY** (School, BOCES)

➢ Print Superintendent's name below. No documents required for proof of business name.

Superintendent (Name and Phone No.) _____

☐ **GOVERNMENT AGENCY** (State, County, City)

➢ Print Government Official's name below. No documents required for proof of business name.

Government Official (Name and Phone No.) _____

Please enter information of supervising employee of facility who may be contacted regarding compliance issues.

1. Last Name | First | MI | Date of Birth (Month/Day/Year)

Contact Address (Include Number and Street) | City | State | ZIP | Contact Phone No. (Area Code) ( )

Email

Please Sign Name In Full | Driver License Number

Business Name _____

FAILING TO ANSWER THE QUESTIONS IN THIS SECTION ACCURATELY MAY RESULT IN THE DENIAL OF YOUR APPLICATION!

PART 3 Complete all sections.

A. Have you, or anyone named in Part 2, or any immediate family member of those named in this application ever held a business license, registration or certification for any of the types below? ☐ No ☐ Yes If "**YES**" Check the type(s) below and provide all current and previous facility/certified inspector numbers. // Attach additional page, if needed.

☐ Retail Motor Vehicle Dealer, New	☐ Dismantler	☐ ATV Dealer	☐ Inspection Station	☐ Scrap Collector
☐ Retail Motor Vehicle Dealer, Other	☐ Transporter	☐ Salvage Pool	☐ Qualified Dealer	☐ Scrap Processor
☐ Wholesale Motor Vehicle Dealer	☐ Boat Dealer	☐ Repair Shop	☐ Mobile Car Crusher	☐ Certified Inspector
☐ Itinerant Vehicle Collector	☐ Yacht Broker	☐ Repair Shop disposing of major component scrap		

Current facility/certified inspector numbers: _____ _____ _____

Previous facility/certified inspector numbers: _____ _____ _____

B. Have you, or any person named in this application, or any immediate family member of those named in this application ever had a financial interest in any DMV-regulated business and/or any other government-regulated business that had its application, license, registration or certification **denied, suspended or revoked** or have you been found to have engaged in unlicensed, unregistered, or uncertified operation in New York State? This includes an interest as owner, partner, corporate officer or stockholder holding more than ten percent of the stock, and includes matters now on appeal. ☐ No ☐ Yes

If "**YES**": Specify name and address of the person(s), business type, facility number, certified inspector number, date and action that was taken.

_____

_____

C. Are you, or anyone named in this application, or any immediate family member of those named in this application scheduled for a hearing or been notified of a pending hearing regarding a DMV-issued business license, registration or certification or lack thereof? ☐ No ☐ Yes

If "**YES**": Specify name and address of the person(s), business type, facility number, certified inspector number, date and action that was taken.

_____

_____

D. Have you, or any person named in this application, or any immediate family member of those named in this application been convicted of, or forfeited bail for, any misdemeanor or felony at any time? ☐ No ☐ Yes

If "**YES**": Name _____ Date of Birth _____

Conviction Date _____ Penalty _____ Court _____

Explain specific nature of offense _____

_____ If you have additional offenses they must be reported on an // attached sheet.

E. Does anyone else have a financial interest in your business that is not disclosed on this application? ☐ No ☐ Yes

If "**YES**": Name _____

F. All applicants, except Inspection Stations and Transporters, must provide a copy of NYS Department of Taxation and Finance DTF-17A (Certificate of Authority) or your valid NYS issued tax ID number here: _____ **tax.ny.gov or (518) 485-2889**

*Verify your ID is valid at https://www7b.nystax.gov/TIVL/tivlStart before submitting.

G. You must provide your Federal Employer Identification Number: _____.

Do you have any employees? ☐ No ☐ Yes If **"YES"**, // attach a copy of proof of Worker's Compensation and Disability Insurance coverage.

PART 4

Place of business: Do you

- ☐ **Own (complete Section A) // Attach copy of tax bill or deed.**
  The name on the tax bill or deed must match the Business Name in Part 1.
- ☐ **Lease (complete Sections A and B) // Attach copy of your lease**
  The name on the tax bill or deed does not match the Business Name listed in Part 1
- ☐ **Sublease (complete Sections A, B and C) // Attach copy of your sublease**
- ☐ **Pending/Lease (complete Sections A and B) // Attach notarized statement from property owner***
- ☐ **Pending/sublease (complete Sections A and B) // Attach notarized statement from property owner***

*** Notarized statement from the property owner stating you will have permission to use location to operate your business (i.e. dealers can sell motor vehicles) upon application approval, describing exactly which portions of the building your business will occupy.**

A. All applicants must complete this section.

Name of Property Owner	Phone No. (Area Code) ( )
Owner Mailing Address (Include Number and Street)	
City / State / ZIP	
Number of Years or Months Owned	Is this property zoned for all of the business type(s) you are applying for? ☐ YES ☐ NO

PLEASE NOTE: If any of the leases will expire in the next six months, // you must provide a letter from the **owner or lessor** stating the intention to renew that lease. If you do not provide the required information with your application, the application will be **denied**.

B. If you are leasing or subleasing, complete this section.

Print the name the lease is in (Lessee Name)				Phone No. (Area Code) ( )
Business Address	City	State	ZIP	Must Have at Least Six-Month Lease Expiration Date

C. If you are subleasing, complete this section.

Print the name the sublease is in (Sublessee Name)				Phone No. (Area Code) ( )
Business Address	City	State	ZIP	Must Have at Least Six-Month Lease - Expiration Date

Business Name _____

NEW YORK STATE | Department of Motor Vehicles

INSPECTION STATION INFORMATION

*****IMPORTANT NOTICE FOR PUBLIC EMISSIONS INSPECTION STATION LICENSE APPLICANTS*****

The number of public official emissions inspection stations allowed in each county of the State is capped. Before you submit your application, check to see if the county you are applying in is at its maximum number. If this county is at its maximum you can:

- Purchase an existing facility and attach form VS-95.
- Reserve a spot on the waitlist with form VS-94 (no need to submit an Original Facility Application at this time).

More information can be found at dmv.ny.gov/business/public-emissions-inspection-station-cap. If you have questions about the Inspection Station Cap, call the DMV Vehicle Safety Application Unit at 518-474-0919.

Complete this section:

1. Check the type of station license you are requesting (only one):

☐ **Public Inspection Station** – Inspects vehicles for general public and must have a repair shop at the same location**.** *Please be sure to read the important notice above.*

☐ **Dealer Inspection Station** – Must have a dealer registration. Dealer business name and inspection station name must be the same. Inspects only vehicles owned by the dealership and its employees.

☐ **Fleet Inspection Station** – Business must have more than 25 vehicles registered in its name, and perform inspections only on its own vehicles. Additionally, inspections may be performed on vehicles owned by employees of the firm only if the facility is not fee exempt.

If you checked "Fleet Inspection Station", how many vehicles are registered in the business name?_____

2. Check the inspection group(s) for vehicles you intend to inspect, and for which you have the necessary space and equipment:

Group 1 ☐ a & b ☐ b only

a. All passenger vehicles, suburbans, and trucks up to and including 18,000 pounds MGW. All public stations must have a NYVIP emissions system. For information on purchasing inspection equipment, call OPUS at 1-866-623-8378.

b. Trailers up to and including 18,000 pounds MGW

Group 2 ☐ a & b ☐ a only ☐ b only

a. • All motor vehicles over 18,000 pounds MGW
- All motor vehicles that have an MGW over 10,000 pounds and under 18,001 pounds, when requested by the registrant
- All motor vehicles with a seating capacity of more than fourteen passengers
- All trailers that have an MGW over 18,001 pounds, and those trailers that have an MGW over 10,000 pounds and under 18,001 pounds, when requested by the registrant

b. • All semi-trailers

Group 3 ☐ Motorcycles

Group DL ☐ Diesel Emissions testing

3. What is the length and width (in feet) of your enclosed inspection area? _____ (Length) X _____ (Width) = _____ (Total Area)

What is the height of your overhead door (feet and inches, e.g. 10' 9")? _____ (Overhead Door Height)

4. Give the name and certificate number of each of the Certified Inspectors at your facility. Attach an additional page if you need more room to list the inspectors. **You must have at least one full-time inspector.** This information is required to process your application.

Name	Certificate Number	Expiration Date
_____	_____	_____
_____	_____	_____

INSPECTION STATION LICENSE – see VS-143, Inspection Station Requirements.

Business Name _____

Your Original Facility Application is nearly complete.

REMEMBER TO INCLUDE THE FEES ASSOCIATED WITH THIS APPLICATION!

When you submit this application, you must submit one check, made payable to the Commissioner of Motor Vehicles.

Check (Application and Business Fees): $125.00

CERTIFICATION

(all applicants must complete this section)

FALSE STATEMENTS ON THIS APPLICATION ARE PUNISHABLE BY LAW AND MAY RESULT IN DENIAL, SUSPENSION, OR REVOCATION OF YOUR BUSINESS CERTIFICATE(S). I certify that I am the owner, partner, officer or managing member of the facility named on this application, I am not a franchisor as defined in Vehicle and Traffic Law §462(8), and all information provided in this application is true. I am, and will continue to be, in compliance with all state and local laws and regulations.

Name	Date of Birth (Month/Day/Year)

Business e-mail address

Residence Address (Include Number and Street)	City	State	ZIP

Please Sign Name In Full	Title	Date (Month/Day/Year)

PLEASE REVIEW THE REQUIREMENT CHECKLIST(S). YOU MUST MEET ALL REQUIREMENTS TO BE APPROVED.

- ***Have you completed the entire application?***
- ***Have you signed the application?***
- ***Have you included your check(s) or money order(s) for the application and registration/licensing fees? (NO STARTER CHECKS ACCEPTED)***
- ***Make your check(s) or money order(s) payable to: Commissioner of Motor Vehicles***
- **Return this completed application along with all REQUIRED ATTACHMENTS by mail to:**

Vehicle Safety Services
Application Unit
6 Empire State Plaza, Room 220
Albany NY 12228-0001

If you need assistance, call the Office of Vehicle Safety Application Unit at 518-474-0919.

Forms are available at dmv.ny.gov

THE FOLLOWING PAGE(S) ARE INFORMATIONAL

Please review these to ensure you are meeting all the requirements for your business type(s).

These pages do not need to be submitted with your application.

Business Name _____

NEW YORK STATE | Department of Motor Vehicles

INSPECTION STATION REQUIREMENTS

Information about inspection station requirements may be found at dmv.ny.gov under "open an inspection station" (dmv.ny.gov/inspection/open-inspection-station), in Part 79 of the DMV Commissioner's Regulations, and Section 303 of the Vehicle and Traffic Law.

All requirements listed below must be met or your application WILL be denied.

☐ 1. Proof of business name:

(a) Corporation or LLC:
Filing Receipt from NYS Department of State; percentage of stock ownership for each officer.

- Forms can be obtained through the NYS Department of State, Division of Corporations at 518-473-2492 or at dos.ny.gov.

(b) Partnership or individual using an assumed name:
You must complete, notarize, and file a "Business Certificate of Assumed Name" (also known as a DBA) with the county clerk where the business is located.

☐ 2. Copies of driver licenses or government-issued ID for **all** owners and officers or members.

☐ 3. Pay the fees indicated on your application. Attach a check or money order payable to: ***Commissioner of Motor Vehicles***. ***Starter checks are not accepted.***

☐ 4. Complete and sign the *Original Facility Application*. **Stamped signatures are not accepted**.

☐ 5. If you have employees as defined by Worker's Compensation (see wcb.ny.gov), provide proof of Worker's Compensation and Disability Insurance coverage.

☐ 6. **Must** have a repair shop registration at the same location for a public inspection station.

☐ 7. **Must** have at least one full-time certified inspector for the groups of vehicles you are inspecting, and you must provide this individual's name and certified inspector's certificate number on the application.

☐ 8. Dealer inspection stations **must** have a dealer registration with the same name.

☐ 9. All private fleet inspection stations must have over 25 vehicles registered in their name, and all government fleet inspection stations **must** have over 5 vehicles registered in their name.

☐ 10. **Must** have required space as described in Commissioner's Regulations Part 79.9.

☐ 11. Applicants **must** have a unique and exclusive mailing address, verifiable with USPS, and exclusive use of their mail receptacle.

☐ 12. **Must** have on-site safeguards for security documents.

☐ 13. Inspection station applicants will be interviewed by a DMV inspector (on-site inspection) before approval, to determine if all requirements are met. At that time the applicant **MUST**:

(a) Have, or have proof that an order is placed with Opus Inspection Inc. for, the required NYVIP3 testing equipment that can perform all inspection group(s) applied for. For more information or to place an order visit the Opus Inspection Inc. website at nyvip3.com, you may also contact Opus Inspection Inc. by phone at 1-866-OBD-TEST (623-8378).

(b) Have all necessary tools required by Commissioner's Regulations Part 79.9(d) to perform inspections in the group(s) applied for.

(c) Provide proof of internet access for transmission of all inspection data.

(d) Have the labor rate sign, inspection fee chart(s), and list of inspectors posted (public inspection stations).

(e) Have the appropriate outdoor sign(s) posted that correspond to the group(s) applied for, as described in Commissioner's Regulations Part 79.13 (public inspection stations).

(f) Provide at least one certified inspector's ID that is certified to inspect all group(s) applied for. (This requirement can be met with more than one certified inspector if needed.)

reset/clear