



# **Motor Vehicle Commission**

Trenton, New Jersey

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STATE OF NEW JERSEY  
P.O. Box 171

Legislation has been approved for the registration of facilities who wish to install sun screening material to motor vehicle windows for medical purposes.

We are sending you this copy of the regulations for your information. If after review of the documentation you are interested in being registered, please return the enclosed application along with the required \$100.00 application fee.

If you have any questions, please call (609)292-4517.

Sincerely,

Business Licensing Services Bureau

Enclosures



# New Jersey Motor Vehicle Commission

Business License Compliance  
P.O. Box 171  
Trenton, New Jersey 08666-0171  
609-292-4517

## APPLICATION FOR SUN SCREEN MATERIAL INSTALLATION FACILITY LICENSE

### FOR OFFICE USE ONLY

License No. \_\_\_\_\_

Date: \_\_\_\_\_

Reg. No. \_\_\_\_\_

Approved by: \_\_\_\_\_

Corp Code: \_\_\_\_\_

1. \_\_\_\_\_  
Name of Business (if corporation, corporate name)

\_\_\_\_\_ Business Phone

\_\_\_\_\_ Street Address

### 2. Please Check

Corporation  Partnership

Proprietorship

Other \_\_\_\_\_

\_\_\_\_\_ City State Zip

All applicants please provide the following information and attach copies of the proof thereof:

A. New Jersey Sales Tax No. \_\_\_\_\_

B. New Jersey Unemployment Registration No. \_\_\_\_\_

C. Federal Employer Identification No. \_\_\_\_\_

Complete the following for proprietor, partners, or corporate officers:

Name	Title	Home Address	Telephone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

4. Have the owners, partners or corporate officers ever been charged or convicted of violating the Consumer Fraud Act N.J.S.A. 56:8-1 et seq., or any regulations adopted thereunder?

Yes If yes, explain:  
 No

5. Have the owners, partners or corporate officers ever been denied, or had suspended or revoked, a license or registration to engage in the business, profession, or occupation licensed or registered under the laws of any state?

Yes If yes, explain:  
 No

6. Have the owners, partners, or corporate officers any interest in other sun-screening material installation facility or any motor vehicle related business?

Yes

No If yes, give name and license number of business. \_\_\_\_\_

7. Does any stockholder own more than 10% of the corporations stock?

Yes If yes, give name, address and holding

No

8. \_\_\_\_\_  
Place of Incorporation

\_\_\_\_\_  
Date of Incorporation

\_\_\_\_\_  
Date of authorization to do business in New Jersey

**ATTACH COPY OF THE CERTIFICATE OF INCORPORATION WHICH HAS BEEN FILED WITH THE N.J. SECRETARY OF STATE. Foreign Corporations must submit a copy of their Authorization to do business in New Jersey as a Foreign Corporation in addition to a copy of their corporate papers.**

9. The applicant certifies all information contained herein is true and agrees any untruthful representation and any violation of the applicable statutes and regulations promulgated by the Director shall be reasonable and proper grounds for registration suspension or revocation. **He further agrees to notify Motor Vehicle Services immediately of any change in the status of the business or of any other information which would change the answers and statements in this application or supplement thereto.**

10. The individual(s) signing this application certify that they have read the applicable statutes and are thoroughly familiar with the details and penalties provided.

I, the undersigned, hereby certify that I am \_\_\_\_\_ of the above business and the information I have submitted is true to the best of my knowledge.

\_\_\_\_\_  
Signature and Title of Applicant

I, the undersigned, hereby certify that I am Secretary of the above Corporation and have witnessed the signature of the

\_\_\_\_\_ who is \_\_\_\_\_ of said  
President, Vice President  
Corporation.

\_\_\_\_\_  
Signature of Secretary

**BUSINESS LICENSING SERVICES BUREAU  
SUPPLEMENTARY APPLICATION**

**PLEASE PRINT**

BUSINESS NAME			BUSINESS PHONE NUMBER		
1. FULL NAME (Including Middle and Suffix, if any)					
2. STREET ADDRESS					
3. CITY		4. STATE		5. ZIP CODE	6. COUNTY
7. HOW LONG HAVE YOU LIVED AT THE ABOVE ADDRESS?				8. HOME PHONE NUMBER	
9. LIST THE CITIES, STATES OR FOREIGN COUNTRIES WHERE YOU HAVE LIVED, AND HOW LONG YOU LIVED IN EACH.					
10. DATE OF BIRTH (MONTH, DAY, YEAR)			11. PLACE OF BIRTH (CITY, STATE OR FOREIGN COUNTRY)		
12. SEX	13. HEIGHT		14. WEIGHT		15. COLOR OF EYES
16. SOCIAL SECURITY NUMBER*				17. DRIVER LICENSE NUMBER	
<p>*You <u>must</u> disclose your social security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.</p> <p>Pursuant to <u>N.J.S.A. 54:50-25 et seq.</u> of the New Jersey taxation law, <u>N.J.S.A. 2A:17-56.7a</u>, and <u>N.J.S.A. 2A:17-56.8 et seq.</u> of the New Jersey Child Support Program Improvement Act; the licensing agency to which this form is submitted is required to obtain your social security number. Pursuant to these authorities, the licensing agency is also obligated to provide your social security number to:</p> <p>a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law, updating, and correcting tax records; <u>and</u></p> <p>b. the Probation Division or any other agency responsible for child support enforcement, upon request</p>					
<p>18. HAVE YOU EVER BEEN CONVICTED OF A CRIME, DISORDERLY PERSONS OFFENSE AND/OR VIOLATION OF CONSUMER PROTECTION LAWS OR REGULATIONS?    <input type="checkbox"/> NO    <input type="checkbox"/> YES    IF YES, ATTACH EXPLANATION DESCRIBING NATURE OF OFFENSE, DATE, CITY AND STATE WHERE OFFENSE OCCURRED, IDENTIFY COURT OR ADMINISTRATIVE TRIBUNAL BEFORE THE CASE TRIED, DATE AND SENTENCE</p>					
<p><b>I CERTIFY THAT THE INFORMATION PROVIDED HEREIN AND ATTACHMENTS, IF ANY, ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.</b></p>					
SIGNATURE: _____				DATE: _____	

STATE OF NEW JERSEY  
Business Licensing Services Bureau**CHILD SUPPORT CERTIFICATION FORM**\_\_\_\_\_  
Business Name\_\_\_\_\_  
Applicant's Name (Print)\_\_\_\_\_  
Date of Birth\_\_\_\_\_  
Social Security Number

\*You *must* disclose your social security number to the NJMVC. Failure to do so may result in denial/non-renewal of licensure.

Pursuant to N.J.S.A. 54:50-25 et seq. of the New Jersey taxation law and N.J.S.A. 2A:17-56.7a, N.J.S.A. 2A :17-56.60 et seq. of New Jersey Child Support Program Improvement Act, the licensing agency to which this form is submitted is required to obtain your Social Security number. Pursuant to these authorities, the licensing agency is also obligated to provide your Social Security number to:

- a. the Director of Taxation to assist in the administration and enforcement of any tax law, including for the purpose of reviewing compliance with State tax law, updating, and correcting tax records;  
and
- b. the Probation Division or any other agency responsible for child support enforcement, upon request.

Under the provisions of N.J.S.A. 2A:17-56.7 et seq., responses to the questions listed below are required. Intentional misstatements may result in administrative action including, but not limited to, denial of licensure, immediate suspension or revocation of the license.

1. Do you have a child support obligation?  Yes  No
  
2. If yes, do the arrearage amounts equal or exceed the amount of child support payable for six months?  Yes  No
  
3. Are you subject to a child-support warrant?  Yes  No

I certify that the foregoing responses made by me are true and I am aware that the making of false statements may subject me to contempt of court.

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

*On the Road to Excellence*  
[www.njmvc.gov](http://www.njmvc.gov)  
*New Jersey is an Equal Opportunity Employer*