

INSTRUCTIONS FOR COMPLETING APPLICATION FOR INSPECTION STATION APPOINTMENT (RDMV 705)

This application is interactive. You can complete it by typing in the shaded boxes. Print the completed application out, sign it and forward it by mail to the DMV with the appropriate payment and supporting documentation.

- 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 by checking the appropriate box.
- 3) Check off station type. If Auto and Motorcycle, please check off both. If both you will need to submit the appropriate fee for each type. The fee is \$25.00 per year for each license type. Each application made in an odd number year is for a 2 year period. For example an application submitted in 2017 would have a fee of \$50.00 per type of inspection license.
- 4) Enter Corporate Name if applicable. This must exactly match the way the name is registered with the 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 the Secretary of State must be attached.** Please visit the Secretary of State's web site at <https://quickstart.sos.nh.gov/online/Account> Click the GREEN search button, enter the name of your business, select your business from the list and print the page that populates. If the business shows not in good standing, you must correct that issue with the Secretary of State before submitting your application.
- 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 the Secretary of State indicating that the trade name is "Active" must be attached.** Please visit the Secretary of State's web site at <https://quickstart.sos.nh.gov/online/Account> Click the GREEN search button, enter the name of your business, select your business from the list and print the page that populates. If the business shows not in good standing, you must correct that issue with the Secretary of State before submitting your application.
- 6) Enter Business Mailing Address. This can be a PO Box and can be updated at renewal time without prior approval.
- 7) 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.
- 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 new applications only, include for each owner 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. For a NH criminal record: <https://www.nh.gov/safety/divisions/nhsp/ssb/crimrecords/documents/dssp256.pdf>

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 (603) 271-1061 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 and payment, by mail, to the DMV, Inspection Desk, 23 Hazen Drive, Concord NH 03305. Applications must be complete in order to process them. Only original applications with original signatures are accepted. Applications are not considered complete if any portion is left blank or additional documentation and appropriate payment is not received with the signed application. It 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 http://www.gencourt.state.nh.us/rules/state_agencies/saf-c3200.html or call the Inspection Desk at 603-227-4120.



Robert L. Quinn
 Commissioner of Safety
 John C. Marasco
 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 (Form RDMV 705)

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

- LOCATION TYPE: Permanent Location Mobile Service Garage
 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 MAILING ADDRESS: _____

Street/ PO Box Town/City NH Zip Code

BUSINESS LEGAL ADDRESS: _____

Street 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 new applications only, attach for each owner 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 If yes, please explain: _____

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

If yes, please explain: _____

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

If yes, 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:

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. TYPE:	CERT. NUMBER:	MECHANIC'S FULL LEGAL 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 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.

If seeking an appointment as a mobile service garage, I understand and agree that I must have a current contract with an employer to perform motor vehicle inspections as an authorized mobile service garage.

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 _____