



# Official West Virginia Inspection Station Application

(PRINT OR TYPE ALL INFORMATION IN FULL OR APPLICATION WILL BE RETURNED)

Type of Application:  NEW  REINSTATEMENT  INFORMATION CHANGE

Type of Station:  Public Station  Fleet Station  Motorcycle Only Station

State of West Virginia County of: \_\_\_\_\_

Station Number if changing information: \_\_\_\_\_

1. Trade Name: \_\_\_\_\_
2. Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
3. Physical Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_
4. Owners Name: \_\_\_\_\_
5. Owners Address: \_\_\_\_\_
6. Business Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_
7. Owner/Manager DOB: \_\_\_\_\_ Owner/Manager OLN: \_\_\_\_\_ State of Issue: \_\_\_\_\_
8. Do you have a valid WV Business License? Yes, FEIN \_\_\_\_\_ No
9. Length of Time in Business: \_\_\_\_\_ years \_\_\_\_\_ months
10. Are employees covered under West Virginia Workers Compensation?  Yes  No  
If yes, provide Policy Number?: \_\_\_\_\_
11. Is business covered by insurance or bond to protect customers?  Yes  No  
If yes, list name of company: \_\_\_\_\_ Policy number: \_\_\_\_\_
12. Have you ever been arrested for any crime, passed a worthless check to any business or person, been a defendant in a civil lawsuit or filed for bankruptcy in the past seven (7) years?  Yes  No *\*If yes, you must attach a detailed letter of explanation to this application*
13. Do you operate a repair shop and have proper tools and certified mechanics competent to:
  - a. Inspect and service all types of brakes?  Yes  No
  - b. Inspect, adjust, and service lighting equipment?  Yes  No
  - c. Inspect, adjust, and repair steering mechanism?  Yes  No
  - d. Inspect, repair, or replace horns, mirrors, windshield wipers?  Yes  No
  - e. Is the door leading to your inspection bay 8 feet x 8 feet?  Yes  No
14. Total number of inspector mechanics employed: \_\_\_\_\_ Non-certified mechanics: \_\_\_\_\_
15. How many vehicles can your facility handle at one time? \_\_\_\_\_
16. Give exact dimensions of your inspection bays: (1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_
17. Do you pledge yourself and your employees to conduct honest, thorough, and efficient inspections in accordance with the Code of West Virginia and the official inspection regulations; and to give precedence to inspections over other work performed at your facility?  
 Yes  No

**Being duly sworn makes application for appointment as an official inspection station as provided by §Chapter 17C, Article 16 of the Code of West Virginia and states that the answers herein are true and correct**

Applicant Name: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

SUBSCRIBED AND SWORN TO ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_ 20\_\_\_\_  
NOTARY SIGNATURE \_\_\_\_\_ MY COMMISSION EXPIRES: \_\_\_\_\_