



# 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 Only

STATE OF WEST VIRGINIA COUNTY OF: \_\_\_\_\_

Return completed form to:  
West Virginia State Police  
Traffic Records Section  
701 Jefferson Road  
South Charleston, WV 25309

1 Trade Name: \_\_\_\_\_  
Name in which Certificate of Appointment is to be issued.

2 Mailing Address: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

3 Physical Address: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

4 Owner's Name and Home Address: \_\_\_\_\_

Business Phone Number: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_ Other Number: \_\_\_\_\_

5 Owner's DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_ Owner's OLN: \_\_\_\_\_ State of Issue: \_\_\_\_\_

6 If Corporation, list officers names, DOB's, and OLN's \_\_\_\_\_

7 Do you have a valid WV Business License:  Yes  No - If Yes, provide FEIN: \_\_\_\_\_

8 Length of Time in Business: \_\_\_\_ Yrs \_\_\_\_ Mos.

9 Are employees covered under West Virginia Worker's Compensation?  Yes  No — If Yes, provide Policy Number: \_\_\_\_\_

10 Is business covered by insurance or bond to protect customers?  Yes  No  
If yes, list name of company: \_\_\_\_\_ Policy number: \_\_\_\_\_

11 Have you ever been arrested for any crime, convicted of 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.

Are you applying for a: Public Inspection Station  Fleet Inspection Station  Motorcycle Only Inspection Station

If Fleet owner - How many vehicles are registered in Company name: \_\_\_\_\_ Type(s): \_\_\_\_\_

12 Do you operate a repair shop and have proper tools and certified mechanics competent to:

(a) Inspect and service all types of brakes?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(b) Inspect, adjust and service lighting equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(c) Inspect, adjust and repair steering mechanism?	<input type="checkbox"/> Yes <input type="checkbox"/> No
(d) Inspect, repair or replace horns, mirrors, windshield wipers? Is the door leading to your inspection bay 8 feet x 8	<input type="checkbox"/> Yes <input type="checkbox"/> No
(e) wipers? Is the door leading to your inspection bay 8 feet x 8	<input type="checkbox"/> Yes <input type="checkbox"/> No

13 Total number of inspector mechanics employed: \_\_\_\_\_ Total number of non certified mechanics employed: \_\_\_\_\_

14 How many vehicles can your facility handle at one time: \_\_\_\_\_

15 Give exact dimensions of Inspection Bays: (1) \_\_\_\_\_ feet x \_\_\_\_\_ feet, (2) \_\_\_\_\_ feet x \_\_\_\_\_ feet, (3) \_\_\_\_\_ feet x \_\_\_\_\_ feet

16 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**

Subscribed and sworn by me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

(Applicant Must Sign In Ink)

\_\_\_\_\_  
(NOTARY SIGNATURE)

\_\_\_\_\_  
(APPLICANT PRINT NAME EXACTLY AS IT APPEARS ABOVE)

\_\_\_\_\_  
My Commission Expires: \_\_\_\_/\_\_\_\_/\_\_\_\_

ADDRESS-PERSON ADMINISTERING OATH