



MOTOR VEHICLE INSPECTION STATION APPLICATION

INSTRUCTIONS PREPARE IN DUPLICATE WHEN FAMILIAR WITH THE MOTOR VEHICLE INSPECTION REGULATIONS. PLACE "X" IN THE APPROPRIATE BOXES. <input type="checkbox"/> SAFETY <input type="checkbox"/> EMISSIONS											
BUSINESS NAME OR GOVERNMENTAL UNIT							STATION PERMIT NUMBER				
PHYSICAL / SHIPPING ADDRESS					COUNTY		TROOP				
CITY					ZIP CODE		AREA CODE & TELEPHONE NUMBER				
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)								ZIP CODE			
BUSINESS E-MAIL ADDRESS											
TYPE & CLASS OF STATION WHAT KINDS OF VEHICLES WILL BE INSPECTED?											
CLASS <input type="checkbox"/> A - ALL VEHICLES <input type="checkbox"/> B - MOTOR VEHICLES <input type="checkbox"/> C - MOTORCYCLES ONLY <input type="checkbox"/> D - COMMERCIAL VEHICLES <input type="checkbox"/> G - GOVERNMENTAL											
TYPE <input type="checkbox"/> PUBLIC (ALL VEHICLES)			<input type="checkbox"/> PRIVATE (APPLICANT'S VEHICLES ONLY)			<input type="checkbox"/> GOVERNMENT (SPECIFIED GOVERNMENT ONLY)					
PRIMARY BUSINESS OR FUNCTION <input type="checkbox"/> NV - NEW VEHICLE DEALER <input type="checkbox"/> UV - USED VEHICLE DEALER <input type="checkbox"/> GR - GENERAL REPAIR <input type="checkbox"/> SC - SERVICE CENTER <input type="checkbox"/> GS - GASOLINE SALES <input type="checkbox"/> OT - OTHER			<input type="checkbox"/> NV - NEW VEHICLE DEALER <input type="checkbox"/> UV - USED VEHICLE DEALER <input type="checkbox"/> FO - FLEET OPERATION <input type="checkbox"/> SH - SCHOOL <input type="checkbox"/> OT - OTHER			<input type="checkbox"/> SH - SCHOOL DISTRICT <input type="checkbox"/> FD - FEDERAL <input type="checkbox"/> ST - STATE <input type="checkbox"/> CO - COUNTY <input type="checkbox"/> CT - CITY <input type="checkbox"/> OT - OTHER					
BUSINESS STRUCTURE <input type="checkbox"/> SP - SOLE PROPRIETORSHIP <input type="checkbox"/> PT - PARTNERSHIP <input type="checkbox"/> LLC - LIMITED LIABILITY CORPORATION <input type="checkbox"/> CR - CORPORATION											
LIST EACH BUSINESS OWNER(S), CORPORATE OFFICERS, OR GOVERNMENT OFFICIAL											
			TITLE					TITLE			
			TITLE					TITLE			
SUBSIDIARY BUSINESSES OR UNITS (LIST SUBSIDIARIES WHOSE VEHICLES WILL BE INSPECTED UNDER A WRITTEN MAINTENANCE AGREEMENT.)											
PERSON AT STATION IN CHARGE OF INSPECTIONS							TITLE				
DAYS & HOURS WHEN INSPECTIONS WILL BE MADE (FILL IN THE NORMAL STARTING & STOPPING TIME FOR EACH INSPECTION DAY.)											
SUNDAY TO		MONDAY TO		TUESDAY TO		WEDNESDAY TO		THURSDAY TO		FRIDAY TO	SATURDAY TO
INSPECTOR MECHANIC PERSONNEL (LIST ONLY ACTIVE MECHANICS THAT HAVE A VALID INSPECTOR MECHANIC PERMIT.)											
LAST NAME			PERMIT NUMBER			LAST NAME			PERMIT NUMBER		
01						02					
03						04					
05						06					
07						08					
CERTIFICATION OF OWNER, MANAGER OR GOVERNMENT DIRECTOR											
I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS ACCURATE AND COMPLETE. SIGNATURE					TYPE OR PRINT NAME						
					TITLE OR POSITION			DATE			
ACTION RECOMMENDED ON APPLICATION BY MSHP											
INSPECTION STATION APPLICATION <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED							(IF THE FACILITIES OR EQUIPMENT ARE INADEQUATE OR IF THE PERSONNEL ARE NOT QUALIFIED, MAKE COMMENTS IN REMARKS.)				
APPLICATION APPROVED AS A <input type="checkbox"/> NEW STATION <input type="checkbox"/> STATION RENEWAL <input type="checkbox"/> REINSTATED STATION											
TYPE OF STATION APPROVED <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENTAL					CLASS OF STATION APPROVED <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D						
SUPERVISION OF INSPECTION STATION ASSIGNED TO: NAME								BADGE			
INSPECTION STATION APPROVED BY: PRINTED NAME				SIGNATURE			BADGE		DATE		

FACILITIES & EQUIPMENT

FACILITIES (MARK "X" IF ADEQUATE)

- NUMBER OF INSIDE LANES APPROVED _____
- LENGTH _____ WIDTH _____
- LENGTH _____ WIDTH _____
- APPROVED OUTSIDE AREA _____
- LENGTH _____ WIDTH _____
- FLOOR SURFACE
- LIGHTING
- HEATING & VENTILATION
- PERMITS, POSTERS & SIGNS PROPERLY DISPLAYED
- MVI REGULATIONS & BULLETINS
- RECORDS SAFETY & MAINTENANCE
- CLEANLINESS OF INSPECTION AREA
- TAPE OR RULER FOR LINEAR MEASURING _____
- WINDSHIELD STICKER REMOVER (SCRAPER) _____
- STICKER / DECAL VALIDATING PUNCH _____
- HEAVY DUTY STAPLER _____

EQUIPMENT & METHODOLOGY (MARK "X" IF ADEQUATE)

LIST BRAND AND MODEL OF EACH GAUGE.

BRAKE CHECK: ONE REQUIRED

- R - DRIVE AND STOP TEST
- D - DECELEROMETER _____
- B - BRAKE MACHINE _____

HOISTING DEVICE

- LIFT
- JACK _____

GAUGES: ALL REQUIRED

- BALL JOINT GAUGE _____
- BONDED BRAKE LINING GAUGE _____
- DISC BRAKE GAUGE _____
- RIVETED BRAKE LINING GAUGE _____

REQUIRED FOR SCHOOL BUS INSPECTIONS:

- TIRE TREAD DEPTH GAUGE - 1/32" INCREMENTS
- 1/2" HEX NUT TIED TO 30" OR LONGER 1/8" DRAWSTRING

EMISSIONS ANALYZER NUMBER

SY _____ SY _____
SY _____ SY _____

REMARKS

REMARKS

AUTHORIZED SIGNATURES FOR REQUISITIONS OF STICKERS / DECALS / AUTHORITIES

PRINTED NAME

SIGNATURE

- 1. _____ 1. _____
- 2. _____ 2. _____
- 3. _____ 3. _____

MAIL ALL PAPERWORK AND MONIES TO:

MISSOURI STATE HIGHWAY PATROL
MOTOR VEHICLE INSPECTION DIVISION
1510 EAST ELM, P.O. BOX 568
JEFFERSON CITY, MO 65102-0568

- CHECK
- MONEY ORDER _____ DATE _____ AMOUNT _____

MAKE PAYABLE TO "DIRECTOR OF REVENUE"

SAFETY PERMIT - \$10.00

EMISSIONS PERMIT - \$100.00

SPACE BELOW IS FOR MVI ADMINISTRATION

DATE PROCESSED

CLERK APPROVING