

# RENEWAL APPLICATION FOR MARYLAND STATE AUTHORIZED INSPECTION STATION LICENSE



#### STATE OF MARYLAND MARYLAND STATE POLICE

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COLONEL

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SUPERINTENDENT

### AUTOMOTIVE SAFETY ENFORCEMENT DIVISION

6601 Ritchie Highway Glen Burnie, Maryland 21062 (410) 768-7388 FAX# (410) 760-5466

June 18, 2008

### SPECIAL ORDER NO. 23-0804

### TO: All Authorized Inspection Station Licensees and Applicants All Automotive Safety Enforcement Division Personnel

### SUBJECT: Initial / Renewal Application Procedures and Fees for Inspection Stations

The following procedures and fees apply to the preparation and submission of initial and renewal applications by Authorized Inspection Station Licensees and applicants:

### 1. **INITIAL APPLICATION**:

Those business owners' wishing to license their business as an authorized inspection station to conduct vehicle safety inspections for the State of Maryland, will complete an initial application in strict accordance with the instructions included. Once submitted, the Division will conduct a background investigation to determine if the business and personnel meet the Code of Maryland Regulations (COMAR) defined under Title 11, Subtitle 14, Chapter .01. Approved applicants will be issued an Inspection Station License and be permitted to conduct safety inspections in the Vehicle Safety Inspection Program.

- a. All required documentation must be included with the initial application before it will be accepted, i.e. copy of Business License, Fire Safety Inspection Report, etc.
- b. The initial application fee for an inspection station license is \$100.00, which is non-refundable. This fee is to be forwarded in the form of a certified check, money order, or a business check made payable to the Maryland State Police (*No personal checks or cash,* and submitted along with a completed initial application.
- c. Initial applications approved prior to April 1<sup>st</sup> will expire on June 30<sup>th</sup> of that same year, and will require the licensee to submit a renewal application and fee by June 30<sup>th</sup>. Initial applications approved April 1<sup>st</sup> or later will not expire until June 30<sup>th</sup> of the following year.

### 2. **<u>RENEWAL APPLICATION:</u>**

All current authorized inspection station licensees who wish to remain active in the Vehicle Safety Inspection Program must submit an annual renewal fee with a renewal application. The annual renewal fee for stations currently in the Inspection Program is \$50.00. The renewal fee is due prior to July  $1^{\text{st}}$  of each year and must be submitted with a completed renewal application. This fee is to be forwarded in the form of a certified check, money order, or business check made payable to Maryland State Police,(*no personal checks or cash*).

### SUBJECT: Initial / Renewal Application Procedures and Fees for Inspection Stations

- a. Renewal applications will be accepted each year between April 1<sup>st</sup> and June 30<sup>th</sup>. <u>All renewal</u> <u>applications MUST be postmarked or received at the ASED Headquarters office by June 30<sup>th</sup></u>. Any application that is not postmarked or delivered by June 30<sup>th</sup> will not be accepted, and will require the inspection facility to submit an initial application and a fee of \$100.00.
- b. It is the responsibility of the inspection station licensee to obtain a renewal application and submit it prior to the expiration date.
- c. When the renewal requirements have been satisfied, a Validation Sticker will be delivered to the licensee, which will be affixed to the Authorized Inspection Station License.
- 3. The initial and renewal applications are available for download on the Maryland State Police website at <a href="http://www.mdsp.org/ased/">http://www.mdsp.org/ased/</a> or the Maryland Motor Vehicle Administration website at <a href="http://mva.state.md.us/OnlineServices/Docs/default.htm">http://www.mdsp.org/ased/</a> or the Maryland Motor Vehicle Administration website at <a href="http://mva.state.md.us/OnlineServices/Docs/default.htm">http://www.mdsp.org/ased/</a> or the Maryland Motor Vehicle Administration website at <a href="http://mva.state.md.us/OnlineServices/Docs/default.htm">http://mva.state.md.us/OnlineServices/Docs/default.htm</a>. If unable to download the renewal application, station personnel are to contact the station's assigned ASED Trooper or Vehicle Safety Inspector. If unable to download the initial application, please call the ASED Headquarters at 410-768-7388 and request a mailing of the application.
- 4. All initial and renewal applications must be submitted containing original signatures; no facsimile or photocopies accepted.

This Special Order supersedes Special Order No. 23-0701 dated January 19, 2007.

Attie for

Jeffrey R. Gahler, Captain Commander – A.S.E.D. Department of State Police



6601 Ritchie Highway, Glen Burnie, MD 21062 410-768-7388 Fax: 410-761-2791

### **RENEWAL APPLICATION INSTRUCTIONS**

### <u>PLEASE FOLLOW THE BELOW INSTRUCTIONS IN COMPLETING AND SUBMITTING</u> <u>YOUR APPLICATION. ALL INFORMATION IS TO BE TYPED OR PRINTED LEGIBLY</u> <u>IN INK. (Original signatures must be on the submitted application (No facsimile or photocopies</u> <u>accepted:</u>

- SECTION #1: Indicate Inspection Station Number and enclose A Money Order, Certified Check, or Business Check, (<u>NO CASH OR PERSONAL CHECK</u>) for \$50.00; PAYABLE TO THE MARYLAND STATE POLICE. This fee is non-refundable.
- 2. SECTION #2: Complete Business name, Address, City, County, State, Zip Code, Telephone Number, and Type of Business.
- 3. SECTION #3: Indicate Hourly Labor Rate and <u>Current</u> Inspection Fee. *Changes to the inspection fee can only be made with the submission and approval of required form ASED 23-20.*
- 4. SECTION #4: Complete Worker's Compensation Insurance information, if applicable.
- 5. SECTION #5: Indicate Class of License being renewed.
- 6. SECTION #6: Complete Owner(s) Full Name (*NO INITIALS*), Residence Address, Race, Sex, Date of Birth, Owner(s) Title (President, Vice-President, etc.), and Drivers License Number.
- 7. Complete SECTION # 7 and SECTION #8, if applicable.
- 8. SECTION #9: Complete Supervisor of Inspection=s, <u>Full Name</u>, Residence Address, Race, Sex, Date of Birth.
- 9. SECTION #10: Complete Controller of Certificate=s, <u>Full Name</u>, Residence Address, Race, Sex, Date of Birth.
- 10. SIGNATURE SECTION: Sign application (ALL OWNERS) and date, as follows:
  - (1) Private business shall be signed by owner.
  - (2) Partnership shall be signed by <u>all</u> partners.
  - (3) Corporation shall be signed by corporate officer(s) or person with written power of Attorney, which shall either accompany the application or be on file with the Division.

### 11. BEFORE MAILING YOUR APPLICATION, PLEASE ENSURE IT IS THOROUGHLY

**COMPLETED.** Failure to complete and/or submit required information will result in application and fee being returned. Any application containing false or inaccurate information will be subject to refusal. Original signatures must be on the submitted application (No facsimile or photocopies accepted).



### Maryland State Police Automotive Safety Enforcement Division

### 6601 Ritchie Highway, Glen Burnie, MD 21062 410-768-7388 Fax: 410-761-2791

### **RENEWAL APPLICATION FOR AUTHORIZED INSPECTION STATION LICENSE**

## 1) **STATION** # Renewal fee is \$50.00, which is to be submitted with application, in the form of a money order, certified check, or business check (No Cash or Personal Check) payable to "Maryland State Police."

The annual renewal sticker will be delivered by your State Police supervisor and shall be affixed to the station license in a specified location. If the renewal application and fee are not received post marked before July 1, your inspection station license will expire and you will be required to submit an initial application for an inspection station license with a fee of \$100.00.

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| <b>Business Name:</b>                     |         |                    |             |
|---|---------|--------------------|-------------|
| Trading Name:                             |         |                    |             |
| Address: (Line 1)                         | Street: |                    |             |
| (Line 2)                                  | City:   | County:            | Zip:        |
| Mailing Address:                          | Street: |                    |             |
| Same As Above                             | City:   | County:            | Zip:        |
| Business Phone No:<br>(Include Area Code) |         | · · ·              |             |
| Email Address:                            |         |                    |             |
| Type of Business:<br>(Check One Only)     | Private | <b>Partnership</b> | Corporation |
| · · · · · · · · · · · · · · · · · · ·     |         |                    |             |

3) FLAT HOURLY LABOR RATE FEE: \$ CURRENT INSPECTION FEE: \$ CURRENT INSPECTION FEE: \$ Submission of the renewal. Changes can only be made with the submission and approval of ASED form 23-20.)

### 4) DOES YOUR BUSINESS EMPLOY ONE OR MORE PERSONS? YES; NO IF YES, You MUST complete the following workers' compensation insurance information:

| Insurance Co:   | Effective Date:  |  |
|-----------------|------------------|--|
| Policy/Binder#: | Expiration Date: |  |

- 5) CLASS OR CLASSES OF LICENSE BEING RENEWED:
  - A Passenger vehicles, trucks 10,000 pounds and under 2GVWR, (trailers, not equipped with air brakes), up to 20 feet in length, multipurpose passenger vehicles, (except 3-wheeled multipurpose vehicles) and low speed vehicles(LSV);
  - **B** Any trailer, including those equipped with air brakes
  - C Trucks, truck tractors, buses over 10,000 pounds GVWR;
  - **D** Combination of classes "B" and "C";
  - **F** Fleet (must own, operate or control at least 15 vehicles);
  - M Motorcycles and 3-wheeled multipurpose vehicles, trailers up to 20 feet in length (not equipped with air brakes).
  - **R** Recreational motor homes and converted buses;
  - T Any trailer up to 10,000 pounds;
  - **G** Combination of Classes "R" and "T".

#### 6) OWNERS: List Business Owners (If Corporation, list all Corporate Officers). Please include residence address.

| Name (Last, First, Middle) | Residence Address | Race | Sex | Date of Birth | Drivers Lic. # & (State) |
|----------------------------|-------------------|------|-----|---------------|--------------------------|
|                            |                   |      |     |               |                          |
|                            |                   |      |     |               |                          |
|                            |                   |      |     |               |                          |
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|                            |                   |      |     |               |                          |
|                            |                   |      |     |               |                          |
|                            |                   |      |     |               |                          |

### 7) REGIONAL REPRESENTATIVE - (IF APPLICABLE) - Representative of owner(s) when business is operated by others; i.e. District Manager, Regional Vice-President, etc. (Attach power of attorney)

| Name (Last, First, Middle) | Residence Address | Race | Sex | Date of Birth | Drivers Lic. # & State |
|----------------------------|-------------------|------|-----|---------------|------------------------|
|                            |                   |      |     |               |                        |
|                            |                   |      |     |               |                        |
|                            |                   |      |     |               |                        |

### 8) **OPERATOR:** - Person(s) who operates the business; i.e. manager, etc. If operator is the same as owner enter "SAME".

| Name (Last, First, Middle) | Residence Address | Race | Sex | Date of Birth | Drivers Lic. # & State |
|----------------------------|-------------------|------|-----|---------------|------------------------|
|                            |                   |      |     |               |                        |
|                            |                   |      |     |               |                        |

### 9) SUPERVISOR OF INSPECTIONS - Person authorized to supervise inspections.

| Name (Last, First, Middle) | Residence Address | Race | Sex | Date of Birth | Drivers Lic. # & State |
|----------------------------|-------------------|------|-----|---------------|------------------------|
|                            |                   |      |     |               |                        |
|                            |                   |      |     |               |                        |

### 10) CONTROLLER OF CERTIFICATES - Person to control and receive certificates from the Maryland State Police.

| Name (Last, First, Middle) | Residence Address | Race | Sex | Date of Birth | Drivers Lic. # & State |
|----------------------------|-------------------|------|-----|---------------|------------------------|
|                            |                   |      |     |               |                        |
|                            |                   |      |     |               |                        |

**AGREEMENT**: Pursuant to Title 23, Transportation Article, Sections 23-101 to 23-109, of the annotated Code of Maryland, and the Code of Maryland Regulations, Title 11, Subtitle 14, Chapter 01, Section .09, the undersigned agrees to conduct the business for which this application is made strictly in accordance therewith, requiring that all vehicles are carefully inspected, and they fully meet all safety requirements before certification. If this application is approved, it is understood that the privilege to operate as an Authorized Inspection Station is contingent entirely upon satisfactory performance and such license may be cancelled, suspended or revoked by the approving authority for just cause. If there is any change in business address, name or ownership, notice of such change is required and a new application must be submitted. When an authorization is cancelled, suspended ore revoked, or when a business is dissolved, the officially issued license, certificates and other materials will be immediately returned to the issuing authority. I certify by my/our signature(s) below that the information contained on this application is true to the best of my\our knowledge, and understand that incorrect or incomplete information will be cause for rejection of application.

### SIGNATURES OF <u>ALL</u> LISTED OWNERS (Signature, Title, & Date):

| /S/  | /S/ |
|------|-----|
| /S/  | /S/ |
| /S/  | /S/ |
| DATE |     |