



# Texas Department of Public Safety

Regulatory Services Division  
www.dps.texas.gov

# VEHICLE INSPECTION PROGRAM

## VEHICLE INSPECTION STATION APPLICATION

<input type="checkbox"/> Original Application	<input type="checkbox"/> Renewal Application	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Additional Endorsements
<input type="checkbox"/> Commercial Windshield	<input type="checkbox"/> Commercial Trailer	<input type="checkbox"/> Emissions (OBD)	

STATION INFORMATION				Change Request: <input type="checkbox"/> Name <input type="checkbox"/> Location <input type="checkbox"/> Add Owner			
Station Name (DBA):		Station ID: (If Known)		County:		Taxpayer ID# (EIN, ITIN):	
Name of Corporation, Company or Full Name of Sole Proprietor:							
Type of Ownership: <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> General Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership <input type="checkbox"/> Government							
Station Physical Address	Address:						
	City:	State:	ZIP:	County:			
Station Mailing Address	Address:						
	City:	State:	ZIP:	County:			
Phone Number:							
Station Email Address:				Station Website:			
Inspection Hours	Sun:	Mon:	Tue:	Wed:	Thurs:	Fri:	Sat:
For Corporations, I certify that: My corporate franchise taxes owed to the State of Texas under Tax Code Chapter 171, are current. The corporation is exempt from, or not subject to, the Texas Franchise Tax.							
Name of Business Owner		Email Address			Phone Number		

OWNER							
Last Name:		First Name:		Middle Name:		Suffix:	
Date of Birth:		Driver's License/ID #:		DL/ID State:		DL/ID Expiration:	
Residential/ Physical Address	Address:						
	City:	State:	ZIP:	County:			
Mailing Address	Address:						
	City:	State:	ZIP:	County:			
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Email:			
<i>If you have been previously licensed as an official vehicle inspection station, provide the following information:</i>							
Station Name		City		State		Dates	

BACKGROUND QUESTIONS			
Have you, within the past 10 years, been convicted of a felony-level offense?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Conviction Date:			
State:		County:	
Description:			

## VI Inspection Station Application

Have you, within the past 10 years, been convicted of a Class A Misdemeanor or equivalent offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Conviction Date:	
State:	County:
Description:	

Have you, within the past 10 years, been convicted of a Class B Misdemeanor or equivalent offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Conviction Date:	
State:	County:
Description:	

*I verify the information provided above is true and correct, and I understand any required fee is non-refundable. I also understand this is an official government record and any missing information and/or false statement made on this document, or any other supplement provided to DPS may result in criminal prosecution.*

Signature	Printed Name and Title	Date
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### ADDITIONAL OWNER

Last Name:	First Name:	Middle Name:	Suffix:
Date of Birth:	Driver's License/ID #:	DL/ID State:	DL/ID Expiration:
Residential/ Physical Address	Address:		
	City:	State:	ZIP: County:
Mailing Address	Address:		
	City:	State:	ZIP: County:
Primary Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Email:			

*If you have been previously licensed as an official vehicle inspection station, provide the following information:*

Station Name	City	State	Dates
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### BACKGROUND QUESTIONS

Have you, within the past 10 years, been convicted of a felony-level offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Conviction Date:	
State:	County:
Description:	

Have you, within the past 10 years, been convicted of a Class A Misdemeanor or equivalent offense?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Conviction Date:	
State:	County:
Description:	

## VI Inspection Station Application

Have you, within the past 10 years, been convicted of a Class B Misdemeanor or equivalent offense?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Conviction Date:		
State:	County:	
Description:		
<i>I verify the information provided above is true and correct, and I understand any required fee is non-refundable. I also understand this is an official government record and any missing information and/or false statement made on this document, or any other supplement provided to DPS may result in criminal prosecution.</i>		
Signature	Printed Name and Title	Date

BUSINESS REPRESENTATIVE			
<input type="checkbox"/> This inspection station has a business representative that acts on behalf of the owner(s). Please note that the owner or operator will recognize and acknowledge their responsibility to the public to offer a good, complete and thorough inspection, according to the rules and regulations.			
Last Name:	First Name:	Middle Name:	Suffix:
Phone Number:		Email:	

APPLICATION CONTACT
TxDPS requires a single point of contact if we have additional questions about your application:
Application Contact:

FOR DPS USE ONLY			
Check # or Money Order #	Amount Paid	Deposit / Payment Date	Rapid Deposit or Trace #

This form and payment can be forwarded by mail to:

Texas Department of Public Safety  
 Vehicle Inspection Program  
 PO Box 4087 MSC 0542  
 Austin, TX 78773-0542

**Privacy Policy Texas Government Code, Title 5, Chapter 559, Sec. 559.003.** RIGHT TO NOTICE ABOUT CERTAIN INFORMATION LAWS AND PRACTICES  
 (a) Each state governmental body that collects information about an individual by means of a form that the individual completes and files with the governmental body in a paper format or in an electronic format on an Internet site shall prominently state, on the paper form and prominently post on the Internet site in connection with the electronic form, that: (1) with few exceptions, the individual is entitled on request to be informed about the information that the state governmental body collects about the individual; (2) under Sections 552.021 and 552.023 of the Government Code, the individual is entitled to receive and review the information; and (3) under Section 559.004 of the Government Code, the individual is entitled to have the state governmental body correct information about the individual that is incorrect. (b) Each state governmental body that collects information about an individual by means of an Internet site or that collects information about the computer network location or identity of a user of the Internet site shall prominently post on the Internet site what information is being collected through the site about the individual or about the computer network location or identity of a user of the site, including what information is being collected by means that are not obvious.  
 Please visit: <http://www.statutes.legis.state.tx.us/docs/GV/htm/GV.559.htm>