



# Application for Motor Vehicle Inspection Station License



Please Read the Instructions

Print or type this application. You must answer all the questions that apply. Incomplete applications will be returned. If you have questions about the application, please call 624-8934 or 624-8935.

Mail to: Maine State Police – Traffic Division  
Motor Vehicle Inspection Unit  
20 State House Station  
Augusta, Maine 04333-0020

SBI Fee: \$21.00 (required for each owner, manager &  
glass replacement agent/tint certifier)  
Inspection Manual: \$12.00  
Application Fee: \$1.00

I am applying for the following type of license:  
☒ Public ☐ Glass Replacement  
☐ Fleet ☐ Tint Certification

For office use only: Station Number:  
Officer Assigned:

1 Legal Business Name of Station:

2 Mailing Address: 1901 Forest ave #2  
Portland, ME 04103

3 Physical Location if Different from Mailing Address:  
The same

4 Telephone Number of Business: 207 8781500 + 207 2741326

5 List your Business Hours (16 hours minimum): 10-4 pm  
Business Email Address: Mon-Sat

6 Does the Business employ at least one full time licensed inspection mechanic? ☒ Yes ☐ No

7 List all licensed inspection mechanics/replacement agents/tint certifiers (with inspection technician license number, social security number & date of birth) employed by the business. (Use separate sheet if necessary.)  
- Majid Majeed # 21437  
SOC: 005116387  
DOB: 04/24/64

All owners/representatives of the business/corporation must answer the following.  
(If more than one owner/representative, please answer 8a – 8d on a separate sheet of paper)

8a Name: Abdullah Abdullah M.  
Date of Birth: 06/20/85

8b Home address: 31 Pearl St south Portland, ME 04106  
Home phone number: 207 2741326

8c Have you ever had any criminal or motor vehicle convictions (includes traffic tickets)? ☐ Yes ☒ No  
If you answered yes, explain briefly:

8d Name of Corporation (if applicable):  
Address of Corporation: N/A

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9	Have you been approved by the city/town for this type of business at this location? <input checked="" type="radio"/> Yes <input type="radio"/> No
Name of Approver: <u>Am Machado, zoning Administrator</u> Date Approved: <u>1/22/16</u>	

10	State Of Maine – Maine Revenue Services Resale/Retailer Certificate Number: <u>EIN/81-1041770</u>
Exemption Certificate Number (If exempt): <u>no</u>	
Please enclose a copy of the Resale/Retailer/Exemption Certificate.	

11a	Name of On-Site Manager: <u>Majid Majeed</u>
Date Of Birth of On-Site Manager: <u>4/24/64</u>	

11b	Home Address of On-Site Manager: <u>1948 Forest ave = portland me 04103</u>
Home Phone Number of On-Site Manager: <u>2074090518</u>	

11c	Have you, the On-Site Manager, <u>ever</u> had any criminal or motor vehicle convictions (includes traffic tickets)? <input type="radio"/> Yes <input checked="" type="radio"/> No
If you answered yes, please explain briefly:	

12	Does the station have all the required equipment as specified in the inspection manual? <input checked="" type="radio"/> Yes <input type="radio"/> No
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Indicate the class(es) of vehicles applied for:

- ☒ Class A (Motor vehicles not exceeding a gross weight of 10,000 lbs and woods tractors; excluding school buses, motorcycles, mopeds, and motor driven cycles.)
- ☐ Class B (School Buses) (Must also have Class A and D.)
- ☐ Class C (Motorcycles, mopeds, and motor driven cycles.)
- ☐ Class D (Motor vehicles with a gross weight rating of 10,001 or more pounds, vehicles designed to transport more than 15 passengers, vehicles used to transport hazardous materials in quantities required to be placarded or commercial vehicles with a gross combination weight rating of 10,001 pounds or more, except school buses.)
- ☒ Class E (Any gasoline powered vehicle required to be registered in Cumberland County which is subject to the enhanced inspection described in 29-A MRSA §1751.) (Must also have Class A.)

#### Agreement

I, the undersigned owner or authorized person (for corporations) of the business named above located at the above address agree to the following terms regarding the operation of this business if licensed as an inspection station.

- 1- I and any employees of this business shall comply with Maine laws, rules and regulations governing inspections.
- 2- If I or my employees do not comply with the applicable laws, rules and regulations, I understand that the inspection station license may be suspended or revoked.
- 3- I agree that if the station license is terminated for any reason, I will surrender all State of Maine inspection materials to the Maine State Police.
- 4- I certify that the above statements are true to the best of my knowledge. The Maine State Police has my permission to contact the people necessary to verify the statements on the application. I understand that any misstatements on this application shall be cause to deny issuing a license or shall be cause for a hearing concerning suspension of such license. **Any false information on this application may be punishable under 17-A MRSA §453.**

Date: 1/18/16

Signature: \_\_\_\_\_  
Title: owner

#### State Police Use Only

This station is approved: ☐ Fleet ☐ Public ☐ Glass Replacement ☐ Tint

This station is qualified for the following license(s): A B C D T E

Date: \_\_\_\_\_

Signature \_\_\_\_\_  
Public Safety Inspector