



VIN INSPECTOR CERTIFICATION REGISTRATION FORM



FAX completed form to Dealer Licensing Bureau at (505) 383-2372. All enrollment confirmations will be sent via e-mail. Make sure to include a RELIABLE e-mail address.

Your course selection – Registration deadline is April 14, 2010

Please check the course, date and time you wish to attend:

- RE-Certification Course – Wednesday, April 21, 2010 from 8:30 am to 12:30 pm
- FULL-Certification Course – Thursday, April 22, 2010 from 8:30 am to 4:30 pm

All classes will be held at the Bernalillo County Sheriff's Department, North Area Command Center, 6900 4th Street. NW, 1/2 mile north of Osuna Road. Albuquerque, New Mexico, 505.314.0030.

What to bring to class (if applicable)

Bring the original of this registration form with you to the class, together with: (1) Original VIN Inspector Bond or original receipt in the amount of \$30,000 which must include your name, your sponsor's name and physical business address; (2) Original paid receipt for the current VIN Inspector Bond indicating the bond number, your name and your sponsor's name; (3) Valid Driver's License or Identification Card; (4) Old Credential Card; and (5) Pen.

Without ALL applicable items you will not be able to attend the VIN certification course.

Applicant information-complete ALL information , including e-mail, city, zip code(print clearly)

Applicant's full name of (last name first)	Date of birth
---	----------------------

Telephone number	E-mail address	Social Security Number
-------------------------	-----------------------	-------------------------------

Sponsor business name

Sponsor business address (complete)

Telephone number	FAX number	Sponsors' License #	VIN Credential #	VIN Credential Exp Date
-------------------------	-------------------	----------------------------	-------------------------	--------------------------------

Non-MVD Employees (read, complete and sign with notarization)

Applicant hereby authorizes the New Mexico Taxation and Revenue Department or any law enforcement agency at its request to conduct a background investigation into my character, credit history, criminal history, employment history, motor vehicle operator's history, and tax compliance history. I understand that the Taxation and Revenue Department may review information available from resources not available to the general public, and I expressly authorize such background investigation. I also understand that evidence of a felony conviction or certain misdemeanor convictions may exclude me from further consideration for the credentials for which I am applying.

Applicant Signature _____ Date _____

SUBSCRIBED AND SWORN to before me this _____ day of _____ 20__ by

My Commission Expires: _____ Notary Public

Office use only – MVD Dealer Licensing Bureau

Confirmed _____ Notified via: FAX _____ Email _____ Phone _____ Date/time: _____