



# MISSISSIPPI DEPARTMENT OF PUBLIC SAFETY DRIVER SERVICES BUREAU



## APPLICATION FOR OFFICIAL WINDOW TINT INSPECTION STATION

P.O. Box 23045 | Jackson, Mississippi 39225-3045  
(601) 987-1367

APPLICATION \_\_\_\_\_ FOR DEPT USE ONLY \_\_\_\_\_

INVESTIGATION \_\_\_\_\_ DESIGNATION \_\_\_\_\_ PUBLIC \_\_\_\_\_

1. STATIONS NAME \_\_\_\_\_ TELEPHONE# \_\_\_\_\_

2. ADDRESS \_\_\_\_\_

**(STREET/NUMBER (P.O.BOX/RFD NO.) (CITY) (COUNTY) (STATE)**

3. WHEN COMPLETING THIS APPLICATION:

- ✓ I/WE, UNDERSTAND FULLY AND AGREE TO PRESERVE ALL RECORDS AS REQUIRED. THESE RECORDS ARE TO BE AVAILABLE TO ANY AUTHORIZED AGENT OF THE DEPARTMENT OF PUBLIC SAFETY AT ANY REASONABLE HOUR.
- ✓ DO YOU HAVE FACILITIES? \_\_\_\_\_ DO YOU POSSESS PROPER TOOLS AND MECHANICS COMPETANT TO INSPECT ALL VEHICLES AS PRESCRIBED BY INSTRUCTIONS PROVIDED BY THE WINDOW TINT INSPECTION BRANCH? \_\_\_\_\_
- ✓ WILL YOU MAINTAIN YOUR TESTING EQUIPMENT AS DIRECTED BY THE WINDOW TINT INSPECTION BRANCH? \_\_\_\_\_
- ✓ WILL ONE QUALIFIED INSPECTOR BE AVAILABLE 8 HOURS PER DAY TO PERFORM INSPECTIONS DURING EACH NORMAL WORK WEEK? \_\_\_\_\_
- ✓ WILL YOU RETURN ALL INSPECTION SUPPLIES AND MATERIALS ISSUED TO THE DEPARTMENT SHOULD YOU INVOLUNTARILY CLOSE AS AN OFFICIAL STATION? \_\_\_\_\_
- ✓ DO YOU PLEDGE YOURSELF AND YOUR EMPLOYEES TO CONDUCT HONEST, THOROUGH AND EFFICIENT INSPECTIONS IN ACCORDANCE WITH MS HOUSE BILL 982? \_\_\_\_\_
- ✓ DO YOU UNDERSTAND AND AGREE THAT AT THE FIRST KNOWLEDGE AND/OR CONSIDERATION OF THE POSSIBILITY OF BANKRUPTCY, FORECLOSURE, SALE, BUSINESS NAME CHANGE OR OTHER OPTIONS, THAT I (OWNER) WILL VOLUNTARILY NOTIFY THE WINDOW TINT INSPECTION BRANCH? \_\_\_\_\_
- ✓ DO YOU UNDERSTAND THAT ANY REPORTS OF VIOLATIONS OF THE TINT LAWS WILL REQUIRE INVESTIGATING? \_\_\_\_\_ IF YOU ARE FOUND GUILTY IT WILL RESULT IN THE SUSPENSION OF YOUR CERTIFICATE OF APPOINTMENT AS A WINDOW TINT STATION.

I, BEING SWORN, MAKING THIS APPLICATION FOR APPOINTMENT AS AN OFFICIAL WINDOW TINT INSPECTION STATION AS PROVIDED BY LAW AND THAT THE ANSWERS MADE HEREIN ARE TRUE AND CORRECT.

OWNER \_\_\_\_\_

NOTARY PUBLIC \_\_\_\_\_ MONTH \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_