

NORTH CAROLINA STATE HIGHWAY PATROL

INVESTIGATIVE SERVICES UNIT SAFETY/EMISSIONS INSPECTIONS SECTION

Analyzer VID Access

New Analyzer ID:		Station #:	
Station Name:			
Station Address:			
City:		State: NC	Zip:

ANALYZER VENDOR/OWNER DECLARATION

I, _____, the vendor representative for _____, do certify that I have been requested by the authorized station representative listed in this section to furnish a new analyzer for the business, and I am requesting the verified analyzer identification number, _____, be added to the vehicle inspection database, assigned to station number _____.

Vendor Representative: _____

Vendor Email: _____

Date: _____

Owner/ Manager Name: _____

Owner/ Manager Signature: _____

Date: _____

Completed and signed forms may be faxed or e-mailed to the contact information listed below:

Fax#: (919) 757-0782
Email: IUIN@ncshp.gov

INSPECTIONS UNIT ONLY

New Analyzer ID:		Station #:	
Station Name:			
Analyzer Password:			
The analyzer identification number listed above has been assigned to the applicable station and added to the modem bank.			
Vendor Representative: _____			
Date: _____			