

**STATE OF WEST VIRGINIA**  
**Division of Motor Vehicles, Motor Carrier Services**  
**5707 MacCorkle Avenue SE**  
**P.O. Box 17900**  
**Charleston, WV 25317**



\_\_\_\_\_  
 Name  
 \_\_\_\_\_  
 Address  
 \_\_\_\_\_  
 City State Zip

Account #: \_\_\_\_\_

rtL274V.8-Web

**NEW MOTOR CARRIER FUEL DECAL APPLICATION**

PLEASE PRINT OR TYPE ALL INFORMATION, SEE BACK TO REQUEST A NAME OR ADDRESS CHANGE

Federal Employer ID or Social Security Number		Owner, Partner(s) or Corporate Name (Legal Name)	
What type of organization is this business? Please check the appropriate box: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Government <input type="checkbox"/> Non-Profit <input type="checkbox"/> Sole Proprietorship			
<b>Number of Decals:</b>	_____	x \$5.00 / Decal	<b>Amount Due:</b> _____ .00

INFORMATION		
Name under which business is conducted:		
Physical location (Must be a physical address)		
City & State	ZIP Code	County
Contact person:	Telephone number	Fax number
WV DOT Number		
Mailing Address (If different from above):		
City & State	ZIP Code	County
1. Do you purchase all your fuel in West Virginia? (Check one)	YES	NO
2. Is all your mileage within West Virginia? (Check one)	YES	NO
If you answered "No" to question #2, you need to complete an IFTA application.		

Sign Application				
APPLICANT AGREES, UNDER PENALTY OF PERJURY, THAT THE INFORMATION GIVEN ON THE MOTOR CARRIER APPLICATION IS, TO THE BEST OF THEIR KNOWLEDGE, TRUE, ACCURATE, AND COMPLETE				
_____ (Signature of Taxpayer)	_____ (Name of Taxpayer - Type or Print)	_____ (Date)	_____ (Telephone Number)	_____ (E-mail Address)

**MAKE CHECK PAYABLE AND MAIL TO: WV DIVISION OF MOTOR VEHICLES**

**Motor Carrier Services**  
**5707 MacCorkle Avenue SE**  
**P.O. Box 17900**  
**Charleston, WV 25317**

**Telephone (304) 926-0799 or Fax (304) 926-0797**

**For more information visit our website at: [www.dmv.wv.gov](http://www.dmv.wv.gov)**

