



 Name

 Address

 City State Zip

Account #: _____

RENEWAL APPLICATION FOR MOTOR CARRIER

rtL274V.8-Web

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)
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What type of organization is this business? Please check the appropriate box:

- Corporation Limited Liability Company Partnership
 Government Non-Profit Sole Proprietorship

Number of Decals:	_____	x \$5.00 per set	Amount Due:	_____	.00
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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? (Circle one)	YES	NO
2. Is all your mileage within West Virginia? (Circle 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

State of West Virginia
Division of Motor Vehicles
RENEWAL APPLICATION FOR MOTOR CARRIER

Name or Address Change		
Name:		
Address:		
	<small>Physical location (Must be a physical address)</small>	
	<small>Mailing Address (If different from above):</small>	
<small>City & State</small>	<small>ZIP Code</small>	<small>County</small>