

West Virginia Department of Transportation
Division of Motor Vehicles
Authorized Signatures



IRP Motor Carriers Section
 5707 MacCorkle Ave SE Charleston, WV 25317
Tel: (304) 926-0799 | Fax: (304) 926-0797
Email: DMVIRP@wv.gov

<i>LEGAL NAME</i>		<i>IRP ACCOUNT NUMBER</i>	
<i>STREET ADDRESS</i>			
<i>CITY</i>	<i>STATE</i>	<i>ZIP CODE</i>	<i>PHONE NUMBER</i>
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I, _____, grant my agent authority to sign in the name of the undersigned any International Registration Plan (IRP) forms covering the IRP account listed above in whatever manner necessary as my agent may deem fit and proper. I understand that I am responsible for any fees or inaccuracies incurred by this agent.

I also hereby appoint and authorize account access to the following IRP service provider(s) or designated person(s)*:

<i>APPOINTEE'S NAME</i>	<i>APPOINTEE'S SIGNATURE</i>
	(X)
	(X)
	(X)

*This sheet must list all persons who are to be authorized to request any activity on the IRP account.

Email address to which your IRP account information should be sent: _____

NOTE:

ONLY persons shown as officers on the WV Secretary of State's website (sos.wv.gov) are permitted to add person(s) on this form for any corporations.

(X) _____
 LEGAL SIGNATURE

 DATE

NOTE: THIS FORM IS REQUIRED WITH EACH RENEWAL OR CHANGE.