



**WEST VIRGINIA DIVISION OF MOTOR VEHICLES
IRP MOTOR CARRIER SECTION**
5707 MACCORKLE AVE SE CHARLESTON, WV 25317
PHONE 304-926-0799 FAX 304-926-0797 EMAIL DMVIRP@WV.GOV

FOR DEPARTMENT USE ONLY.

SERVICE PROVIDER APPLICATION

LEGAL NAME FEIN

PHYSICAL ADDRESS

CITY, STATE, ZIP CODE

DOING BUSINESS AS

MAILING ADDRESS (IF DIFFERENT)

CITY, STATE, ZIP CODE

PHONE NUMBER FAX NUMBER EMAIL

LIST NAME AND SIGNATURE OF ALL EMPLOYEES WHO ARE AUTHORIZED TO SIGN PAPERWORK FOR YOUR BUSINESS.

NAME	SIGNATURE

IF ADDITIONAL EMPLOYEES SIGNATURES ARE NEEDED YOU CAN ATTACH AN ADDITIONAL SHEET.

X) _____
BUSINESS OWNER SIGNATURE DATE