

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 #: _____

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) | |
| 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 | | | |
| Number of Decals: | | x \$5.00 per set | Amount Due: .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

