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 #:		
tL274V.8-Web	RENEWAI PLEASE PRINT OR TYPE		ATIO		TOR CARRIE		
Federal Employer ID or Social Secu	urity Number Ow	rner, Partner(s) or Corp	oorate Nam	e (Legal Name)			
What type of organization is Corporation Government	this business? Please	check the appropriate Limited Liability Non-Profit			Partnershi Sole Prop		
Number of Decals:			У	x \$5.00 per set	Amount D	ue:	0
		INF	FORMA	ATION			
Name under which business is condu	icted:						
Physical location (Must be a physical	l address)						
City & State		Z	IP Code		County		
Contact person:		Te	elephone n	umber	Fax number		
WV DOT Number							
Mailing Address (If different from al	pove):						
City & State		Z	IP Code		County		
1. Do you purchase all your fuel in V	Vest Virginia? (Circle one)	Y	ES	NO			
2. Is all your mileage within West Vi			ES	NO			
If you answered "No" to question #2.	, you need to complete an IF	ΓA application.					
		Sign	Appl	ication			
APPLICANT AGREES, UNI TO THE BEST OF THEIR K					ON THE MOTOR C	ARRIER APPLICATION IS,	
(Signature of Taxpayer)	(Name of Taxpayer	- Type or Print)	(D	ate) (Telep	hone 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

rtL274V.8-Web

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

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