



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION

Division of Motor Vehicles

Opening a NEW IRP Account

INSTRUCTION SHEET

Below is a list of forms and documents required to open a new IRP account:

- WV Business Registration Certificate (From WV State Tax Department)
 - Must be WV Physical Address where records are located
- Registrant's Articles of Corporation (From WV Secretary of State's Office) if a CO., INC., PLLC, or LLC.
- Two Forms of Proof of Residency (See attached Proof of Residency List)
 - Must be WV Physical Address where records are located
 - Must be the same address as your Business Registration Certificate
 - If property is leased, must have signed Lease Agreement from the property owner
- DOT Number
 - If running someone else's Authority, you must have a signed/current Lease Agreement
 - Lease Agreement must contain the Carrier's DOT# and FEIN#
- UCR registration (From Public Service Commission)
- Exempt Hauler: wreckers or garbage trucks must have a PSC Form 4 from the Public Service Commission
- Original or Copy of Title: Only if not titled in WV in the registrant's name already
 - Can only issue Temporary with copy, can not release plates without original
 - Must have WV Application for Title (DMV-1-IRP) for non WV titles
 - Title fees & Lien fees
 - 6% Privilege Tax if vehicles GVW is less then 55,000lbs
- Heavy Vehicle Use Tax (HVUT) Schedule 1 Form 2290
 - For any vehicle with a GVW of 55,000lbs or more with a purchase date over 60 days
- Completed and Signed IRP Packet
 - Must contain signed IRP Affidavit of Renewal Procedures and IRP Mileage Audit Record Information Affidavit

Must arrive at the IRP Office Prior to 2 PM with all paperwork completed

or email to dmvirp@wv.gov



WEST VIRGINIA DEPARTMENT OF TRANSPORTATION

Division of Motor Vehicles

**5707 MacCorkle Ave SE P O Box 17900
Charleston, West Virginia 25317-0010
(304)926-0799 x dmvirp@wv.gov**

WEST VIRGINIA PROOF OF RESIDENCY

The International Registration Plan (IRP) requires members to verify residency and the establishment of business for all motor carriers registered in their jurisdiction.

The definition for 'Established Place of Business' is as follows:

- A physical structure owned or leased by the fleet Applicant or Registrant.
- The physical structure shall be designated by a street number or road location and be open during normal business hours by one or more persons employed by the Applicant or Registrant on a permanent basis for the purpose of general management of the business.
- The Applicant or Registrant need not have land line telephone services at the physical structure.
- The operational records concerning the fleet shall be maintained at this physical structure or be made available in accordance with the provisions of Section 1020 of the Plan.

In order to provide proof of residency, the Applicant or Registrant will be required to submit three proofs of residency. One must be your Business Registration with your current physical address and two(2) of the following items which show the same physical address used for the IRP Application:

- The lease or rental contract of the building housing the office listed as part of the physical location of the Applicant or Registrant (Required if leased or rented)
- A copy of the receipt of real estate or personal property taxes paid in the state of West Virginia by the Applicant or Registrant for the year in which the application is being made and/or the immediate year prior to the registration
- A valid West Virginia Commercial Driver's License or valid West Virginia Driver's License
- Current utility bill showing place of residency at the physical location on the IRP application
- A copy of the Applicant or Registrant's personal income tax return

DISCLAIMER: This document and any files transmitted with it are confidential and intended solely for the use of the individual(s) to whom it is addressed. Please notify the sender immediately by contacting the WV DMV IRP Division at (304) 926-0799, if you have received this document by mistake, and destroy it. If you are not the intended recipient, you are hereby notified that disclosing, copying, distributing or taking action in reliance on the contents of this information is strictly prohibited.

DMV IRP

PHONE: 304-926-0799 FAX: 304-926-0797

EMAIL: DMVIRP@WV.GOV

ONLINE ACCESS: [HTTPS://WVDMV-MCS.WV.GOV/WVENTERPRISE](https://wvdmv-mcs.wv.gov/wventerprise)

FMCSA for DOT REGISTRATION & UPDATE

[HTTP://WWW.FMCSA.DOT.GOV](http://www.fmcsa.dot.gov)

800-832-5660 OR 304-347-5935

PUBLIC SERVICE COMMISSION (PSC)

304-340-0418 (FOR INTERSTATE CARRIERS, TRAVELING IN & OUT OF WV)

304-340-0427 (FOR INTRASTATE CARRIERS, WV TRAVEL ONLY)

INTERNAL REVENUE SERVICE ASSISTANCE

FORM 2290 – HEAVY HIGHWAY VEHICLE USE TAX (HVUT)

FORM 2290 CALL SITE 866-699-4096 (PRESS 4 FOR FORM 2290 HELP)

MONDAY TO FRIDAY 8AM – 6PM EASTERN TIME

VISIT THE TRUCKING TAX CENTER FOR INFORMATION ABOUT

FORM 2290, HVUT, AND E-FILE AT:

[IRS.GOV/TRUCKER](https://irs.gov/trucker)

UCR ASSISTANCE

WEBSITE: [WWW.UCR.GOV](http://www.ucr.gov)

PUBLIC SERVICE COMMISSION OF WEST VIRGINIA

PHONE: 1-800-247-8789

UNIFIED CARRIER REGISTRATION: UCR@PSC.STATE.WV.US

MOTOR CARRIER OFFICE: MCINTRASTATE@PSC.STATE.WV.US

OVER WEIGHT & LENGTH PERMITS

304-558-9547

INTRASTATE – [WWW.WV.GOTPERMITS.COM](http://www.wv.gotpermits.com)

INTERSTATE – [WWW.GOTPERMITS.COM](http://www.gotpermits.com)

WV STATE TAX DEPARTMENT

TAXPAYER SERVICES AND GOOD STANDING ASSISTANCE

PHONE: 304-558-3333

WEBSITE: [MYTAXES.WVTAX.GOV](http://mytaxes.wvtax.gov)

International Registration Plan (IRP) applicants must provide the actual distance that the Registered fleet traveled during the reporting period upon registration.

If the fleet did **not** travel any distance during the reporting period, applicants must use the **Average Per Vehicle Distance** as indicated below and fees will be calculated based on the chart averages below for each jurisdiction.

ABBR.	JURISDICTION	MILES	ABBR.	JURISDICTION	MILES
AB	<i>Alberta</i>	268	ND	<i>North Dakota</i>	232
AK	<i>Alaska</i>	0	NE	<i>Nebraska</i>	226
AL	<i>Alabama</i>	488	NF	<i>Newfoundland</i>	371
AR	<i>Arkansas</i>	479	NH	<i>New Hampshire</i>	39
AZ	<i>Arizona</i>	422	NJ	<i>New Jersey</i>	327
BC	<i>British Columbia</i>	137	NM	<i>New Mexico</i>	330
CA	<i>California</i>	563	NS	<i>Nova Scotia</i>	358
CO	<i>Colorado</i>	211	NT	<i>Northwest Territories</i>	0
CT	<i>Connecticut</i>	219	NV	<i>Nevada</i>	517
DC	<i>District of Columbia</i>	21	NY	<i>New York</i>	280
DE	<i>Delaware</i>	123	OH	<i>Ohio</i>	3829
FL	<i>Florida</i>	2498	OK	<i>Oklahoma</i>	237
GA	<i>Georgia</i>	886	ON	<i>Ontario</i>	230
IA	<i>Iowa</i>	196	OR	<i>Oregon</i>	221
ID	<i>Idaho</i>	104	PA	<i>Pennsylvania</i>	3456
IL	<i>Illinois</i>	927	PE	<i>Prince Edward Island</i>	0
IN	<i>Indiana</i>	1440	QC	<i>Quebec</i>	21
KS	<i>Kansas</i>	282	RI	<i>Rhode Island</i>	40
KY	<i>Kentucky</i>	2448	SC	<i>South Carolina</i>	964
LA	<i>Louisiana</i>	146	SD	<i>South Dakota</i>	150
MA	<i>Massachusetts</i>	231	SK	<i>Saskatchewan</i>	88
MB	<i>Manitoba</i>	36	TN	<i>Tennessee</i>	1210
MD	<i>Maryland</i>	1804	TX	<i>Texas</i>	564
ME	<i>Maine</i>	161	UT	<i>Utah</i>	179
MI	<i>Michigan</i>	332	VA	<i>Virginia</i>	4279
MN	<i>Minnesota</i>	229	VT	<i>Vermont</i>	32
MO	<i>Missouri</i>	932	WA	<i>Washington</i>	129
MS	<i>Mississippi</i>	199	WI	<i>Wisconsin</i>	371
MT	<i>Montana</i>	202	WV	<i>West Virginia</i>	15998
MX	<i>Mexico</i>	0	WY	<i>Wyoming</i>	289
NB	<i>New Brunswick</i>	152	YT	<i>Yukon</i>	0
NC	<i>North Carolina</i>	1675			

**** The totals above are per each vehicle of the fleet.**

**** IRP distance totals will be calculated by the number of vehicles per jurisdiction.**

5707 MacCorkle Avenue, SE
PO Box 17900
Charleston, WV 25317

(304) 926-3905
(304) 926-0799
(304) 926-0797
DMVIRP@wv.gov

REVISED: 04/01/2025

***Form 2290 Filing Requirements
When Registering a Heavy
Highway Vehicle Within 60 days of Purchase***

Generally Form 2290, Heavy Highway Vehicle Use Tax Return, is required to be filed with full payment of tax by any taxpayer registering in their name a heavy highway motor vehicle at 55,000 pounds or greater. As a taxpayer, you must present an IRS-receipted Form 2290, Schedule 1 when registering a heavy highway motor vehicle with a state.

However, if you purchase a highway motor vehicle, either new or used, and register the vehicle at 55,000 pounds or greater within 60 days of the purchase date, you can provide a bill of sale or other evidence of a title transfer to register the vehicle instead of providing an IRS-receipted Form 2290, Schedule 1.

CAUTION: Your Form 2290 is still required to be filed by the due date of the return based on the first use on a public highway during the taxable period. See Form 2290 and the instructions or visit www.irs.gov/trucker for more information.

E-file is the best way to go for Form 2290 filers

Your Schedule 1 is available for printing almost immediately after your return is accepted by the IRS.

E-filing is the fast, secure, easy and accurate way to file returns and pay tax due. The electronic version of Form 2290 will save personal resources (for example, time and postage) and reduce preparation and processing errors.

You cannot e-file forms directly with the IRS. Form 2290 must be filed through an approved e-file provider. Select a provider at www.irs.gov/trucker. There is a fee charged to file electronically that varies by provider.

E-file is mandatory if you report 25 or more vehicles on a Form 2290.

For more information, please visit www.irs.gov/trucker.

DMV IRP 001	VEHICLE SCHEDULE	IRP VEHICLE REGISTRATION FORM	REV 3/2024		
1	ACCOUNT #	FLEET #	SUPPLEMENTAL #	REG YEAR	NEW OR EXISTING ACCOUNT?



West Virginia IRP
5707 MacCorkle Avenue, SE
PO Box 17900
Charleston, WV 25317

PH #(304)926-0799
Fax (304)926-0797
dmvirp@wv.gov

REGISTRANT NAME				DOING BUSINESS AS				CODE KEY				T.E.A.R.					
PHYSICAL ADDRESS				MAILING ADDRESS				TYPE OF OPERATION EX - EXEMPT PC - PRIVATE CARRIER FH - FOR HIRE				TYPE OF FUEL D- DIESEL G - GAS P -PROPANE O - OTHER					
CITY				STATE		MAILING CITY				STATE		(X) _____ AUTHORIZED INITIALS					
ZIP CODE		COUNTY		MAILING ZIP CODE		CONTACT NAME				VEHICLE TYPE BS - BUS GG- GARBAGE TRUCK TK - TRUCK TR - TRACTOR TT - TRUCK TRACTOR WR - WRECKER						DELETIONS DESTROYED OUT OF SERVICE SOLD / TRADED	
ACCOUNT DOT#		ACCOUNT F.E.I.N #		PRIMARY PHONE		SECONDARY PHONE											

2	FLEET INFO		TYPE OF OPERATION		WHAT ARE YOU HAULING				EMAIL ADDRESS			
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3	DELETIONS		UNIT NUMBER	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER				APPORTIONED PLATE NUMBER		TRANSACTION CODE			
REASON FOR DELETION												DELETE VEHICLES ADD VEHICLES ADD / DELETE - PLATE TRANSFER ADD / DELETE - NEW PLATE CHANGE LEASE ADDRESS CHANGE OTHER (INDICATE WHAT IS NEEDED DONE) _____			
REASON FOR DELETION															

4	COMMERCIAL VEHICLE INFO					IF LONG TERM LEASING (31 DAYS OR MORE) TO A MOTOR CARRIER, PLACE THEIR F.E.I.N. # IN BOX 16 AND THEIR DOT # IN BOX 17, AND SUBMIT A COPY OF THE LEASE WITH THIS APPLICATION. USE THE CODE KEY FOR BOXES 5 AND 7. IN BOX 6 NUMBER OF AXLES IS REQUESTED FOR ALL VEHICLES EXCEPT BUSES. NUMBER OF SEATS IS WHAT IS NEEDED FOR BUSES.														
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UNIT ONE	1	VEHICLE IDENTIFICATION NUMBER					2	UNIT #	3	GROSS WEIGHT		4	YEAR	5	VEHICLE TYPE	6	MAKE	7	AXLES	8	FUEL TYPE
	9	EMPTY WEIGHT	10	PURCHASE DATE	11	PURCHASE PRICE	12	TEMP REG REQUESTED Y N		13	TITLE NUMBER				14	NAME ON TITLE OF VEHICLE					
	15	VEHICLE OWNER PHONE NUMBER					16	DOT LEASED? Y N		17	COMPANY LEASED TO DOT #		18	COMPANY LEASED TO F.E.I.N.		19	SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR? Y N		20	PLATE # TO TRANSFER (IF APPLICABLE)	
UNIT TWO	1	VEHICLE IDENTIFICATION NUMBER					2	UNIT #	3	GROSS WEIGHT		4	YEAR	5	VEHICLE TYPE	6	MAKE	7	AXLES	8	FUEL TYPE
	9	EMPTY WEIGHT	10	PURCHASE DATE	11	PURCHASE PRICE	12	TEMP REG REQUESTED Y N		13	TITLE NUMBER				14	NAME ON TITLE OF VEHICLE					
	15	VEHICLE OWNER PHONE NUMBER					16	DOT LEASED? Y N		17	COMPANY LEASED TO DOT #		18	COMPANY LEASED TO F.E.I.N.		19	SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR? Y N		20	PLATE # TO TRANSFER (IF APPLICABLE)	

5	INSURANCE INFORMATION & REGISTRATION CERTIFICATION				I HEREBY STATE, UNDER THE PENALTY OF LAW, AND THE CODE OUTLINED IN CHAPTER 17A AND 17D THAT THERE IS A VALID MOTOR VEHICLE LIABILITY POLICY UPON THE VEHICLES HEREIN, IN ACCORDANCE WITH THE PROVISIONS OF THE WEST VIRGINIA MOTOR VEHICLE CODE. FURTHERMORE I CLAIM THAT I AM KNOWLEDGEABLE OF THE MOTOR CARRIER SAFETY REGULATIONS AND HAZARDOUS MATERIAL REGULATIONS.												(X) _____ AUTHORIZED SIGNATURE			
INSURANCE COMPANY				POLICY NUMBER								NAIC NUMBER								

6	NOTES																					
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ADDITIONAL VEHICLES FORM

ACCOUNT #	FLEET #	REGISTRANT'S NAME
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**THIS FORM IS NOT VALID WITHOUT
A COMPLETED VEHICLE SCHEDULE.**

CODE KEY

VEHICLE TYPE
BS - BUS
GG - GARBAGE TRUCK
TK - TRUCK
TR - TRACTOR
TT - TRUCK TRACTOR
WR - WRECKER

TYPE OF FUEL
D - DIESEL
G - GAS
P - PROPANE
O - OTHER

COMMERCIAL VEHICLE INFO

IF LONG TERM LEASING (31 DAYS OR MORE) TO A MOTOR CARRIER, PLACE THEIR F.E.I.N. # IN BOX 16 AND THEIR DOT # IN BOX 17, AND SUBMIT A COPY OF THE LEASE WITH THIS APPLICATION. USE THE CODE KEY FOR BOXES 5 AND 7. IN BOX 6 NUMBER OF AXLES IS REQUESTED FOR ALL VEHICLES EXCEPT BUSES. NUMBER OF SEATS IS REQUESTED FOR BUSES.

UNIT THREE	1	VEHICLE IDENTIFICATION NUMBER										2	3	GROSS WEIGHT	4	5	VEHICLE TYPE	6	MAKE	7	AXLES	8	FUEL TYPE
	9	EMPTY WEIGHT	10	PURCHASE DATE	11	PURCHASE PRICE	12	TEMPORARY? Y N		13	TITLE NUMBER				14	NAME ON TITLE OF VEHICLE							
	15	VEHICLE OWNER PHONE NUMBER				16	DOT LEASED? Y N		17	COMPANY LEASED TO DOT #		18	COMPANY LEASED TO F.E.I.N.		19	WILL SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR? Y N		20	PLATE # TO TRANSFER (IF APPLICABLE)				
UNIT FOUR	1	VEHICLE IDENTIFICATION NUMBER										2	3	GROSS WEIGHT	4	5	VEHICLE TYPE	6	MAKE	7	AXLES	8	FUEL TYPE
	9	EMPTY WEIGHT	10	PURCHASE DATE	11	PURCHASE PRICE	12	TEMPORARY? Y N		13	TITLE NUMBER				14	NAME ON TITLE OF VEHICLE							
	15	VEHICLE OWNER PHONE NUMBER				16	DOT LEASED? Y N		17	COMPANY LEASED TO DOT #		18	COMPANY LEASED TO F.E.I.N.		19	WILL SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR? Y N		20	PLATE # TO TRANSFER (IF APPLICABLE)				
UNIT FIVE	1	VEHICLE IDENTIFICATION NUMBER										2	3	GROSS WEIGHT	4	5	VEHICLE TYPE	6	MAKE	7	AXLES	8	FUEL TYPE
	9	EMPTY WEIGHT	10	PURCHASE DATE	11	PURCHASE PRICE	12	TEMPORARY? Y N		13	TITLE NUMBER				14	NAME ON TITLE OF VEHICLE							
	15	VEHICLE OWNER PHONE NUMBER				16	DOT LEASED? Y N		17	COMPANY LEASED TO DOT #		18	COMPANY LEASED TO F.E.I.N.		19	WILL SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR? Y N		20	PLATE # TO TRANSFER (IF APPLICABLE)				
UNIT SIX	1	VEHICLE IDENTIFICATION NUMBER										2	3	GROSS WEIGHT	4	5	VEHICLE TYPE	6	MAKE	7	AXLES	8	FUEL TYPE
	9	EMPTY WEIGHT	10	PURCHASE DATE	11	PURCHASE PRICE	12	TEMPORARY? Y N		13	TITLE NUMBER				14	NAME ON TITLE OF VEHICLE							
	15	VEHICLE OWNER PHONE NUMBER				16	DOT LEASED? Y N		17	COMPANY LEASED TO DOT #		18	COMPANY LEASED TO F.E.I.N.		19	WILL SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR? Y N		20	PLATE # TO TRANSFER (IF APPLICABLE)				
UNIT SEVEN	1	VEHICLE IDENTIFICATION NUMBER										2	3	GROSS WEIGHT	4	5	VEHICLE TYPE	6	MAKE	7	AXLES	8	FUEL TYPE
	9	EMPTY WEIGHT	10	PURCHASE DATE	11	PURCHASE PRICE	12	TEMPORARY? Y N		13	TITLE NUMBER				14	NAME ON TITLE OF VEHICLE							
	15	VEHICLE OWNER PHONE NUMBER				16	DOT LEASED? Y N		17	COMPANY LEASED TO DOT #		18	COMPANY LEASED TO F.E.I.N.		19	WILL SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR? Y N		20	PLATE # TO TRANSFER (IF APPLICABLE)				

1 REGISTRANT INFORMATION				2 SCHEDULE OF FLEET MILEAGE PER PERIOD			
ACCOUNT #	FLEET #	SUPPLEMENTAL #	REG YEAR	JULY 1, 20__ THROUGH JUNE 30, 20__. DO NOT COMBINE THE MILES OF ANY TWO OR MORE JURISDICTIONS			
NAME OF REGISTRANT							
DOING BUSINESS AS							
THIS FORM IS TO BE USED FOR OPENING A NEW ACCOUNT OR TO CHANGE THE WEIGHT OF AN EXISTING ACCOUNT. <input type="checkbox"/> NEW ACCOUNT <input type="checkbox"/> EXISTING ACCOUNT				3 DURING THE MILEAGE BASE PERIOD MY FLEET HAD <input type="checkbox"/> NO ACTUAL MILEAGE FOR THE IRP JURISDICTIONS LISTED BELOW AND I AGREE TO USE THE WEST VIRGINIA AVERAGE MILEAGE CHART. (SKIP PART 4 BELOW) <input type="checkbox"/> ACTUAL MILEAGE IN ONE OR MORE OF THE JURISDICTIONS LISTED BELOW. (COMPLETE PART 4 BELOW)			

MILEAGE & WEIGHT SCHEDULE



WEST VIRGINIA IRP
WEST VIRGINIA DMV MOTOR CARRIERS UNIT
 5707 MacCorkle Avenue, SE
 PO Box 17900
 Charleston, WV 25317
 CALL (304)926-3905 OR (304)926-0799
 FAX (304)926-0797 EMAIL DMVIRP@WVGGOV

4 REPORT THE ACTUAL MILEAGE FOR EACH JURISDICTION BELOW. IRP MEMBERS ARE LISTED IN BLACK BELOW, AND NON-MEMBERS IN RED.							
ALBERTA (AB)	ALASKA (AK)	ALABAMA (AB)	ARKANSAS (AK)	ARIZONA (AZ)	BRITISH COLUMBIA (BC)	CALIFORNIA (CA)	COLORADO (CO)
CONNECTICUT (CT)	DISTRICT OF COLUMBIA (DC)	DELAWARE (DE)	FLORIDA (FL)	GEORGIA (GA)	HAWAII (HI)	IOWA (IA)	IDAHO (ID)
ILLINOIS (IL)	INDIANA (IN)	KANSAS (KS)	KENTUCKY (KY)	LOUISIANA (LA)	MASSACHUSETTS (MA)	MANITOBA (MB)	MARYLAND (MD)
MAINE (ME)	MICHIGAN (MI)	MINNESOTA (MN)	MISSOURI (MO)	MISSISSIPPI (MS)	MONTANA (MT)	MEXICO (MX)	NEW BRUNSWICK (NB)
NORTH CAROLINA (NC)	NORTH DAKOTA (ND)	NEBRASKA (NE)	NEWFOUNDLAND (NL)	NEW HAMPSHIRE (NH)	NEW JERSEY (NJ)	NEW MEXICO (NM)	NOVA SCOTIA (NS)
NORTHWEST TERRITORY (NT)	NUNAVUT (NU)	NEVADA (NV)	NEW YORK (NY)	OHIO (OH)	OKLAHOMA (OK)	ONTARIO (ON)	OREGON (OR)
PENNSYLVANIA (PA)	P.E. ISLAND (PE)	QUEBEC (QC)	RHODE ISLAND (RI)	SOUTH CAROLINA (SC)	SOUTH DAKOTA (SD)	SASKATCHEWAN (SK)	TENNESSEE (TN)
TEXAS (TX)	UTAH (UT)	VIRGINIA (VA)	VERMONT (VT)	WASHINGTON (WA)	WISCONSIN (WI)	WEST VIRGINIA (WV)	WYOMING (WY)
YUKON (YT)	TOTAL MILEAGE		REMINDER: SECTION 4 IS TO BE FILLED OUT ONLY IF YOU HAVE MILEAGE TO REPORT. DO NOT PUT ESTIMATED MILES IN THIS SECTION.				

5 OPERATIONAL JURISDICTIONS & WEIGHTS				WILL WEIGHT BE SAME IN EACH JURISDICTION? IF YES, LIST WEIGHT:	IF WEIGHTS WILL BE DIFFERENT IN THE JURISDICTIONS, THEN PLEASE FILL OUT THE CHART BELOW PLACING THE WEIGHTS YOU WILL BE DRIVING IN EACH JURISDICTION.	GROUP NUMBER	
ALBERTA (AB)	ALABAMA (AB)	ARKANSAS (AK)	ARIZONA (AZ)	BRITISH COLUMBIA (BC)	CALIFORNIA (CA)	COLORADO (CO)	CONNECTICUT (CT)
DISTRICT OF COLUMBIA (DC)	DELAWARE (DE)	FLORIDA (FL)	GEORGIA (GA)	IOWA (IA)	IDAHO (ID)	ILLINOIS (IL)	INDIANA (IN)
KANSAS (KS)	KENTUCKY (KY)	LOUISIANA (LA)	MASSACHUSETTS (MA)	MANITOBA (MB)	MARYLAND (MD)	MAINE (ME)	MICHIGAN (MI)
MINNESOTA (MN)	MISSOURI (MO)	MISSISSIPPI (MS)	MONTANA (MT)	NEW BRUNSWICK (NB)	NORTH CAROLINA (NC)	NORTH DAKOTA (ND)	NEBRASKA (NE)
NEWFOUNDLAND (NL)	NEW HAMPSHIRE (NH)	NEW JERSEY (NJ)	NEW MEXICO (NM)	NOVA SCOTIA (NS)	NEVADA (NV)	NEW YORK (NY)	OHIO (OH)
OKLAHOMA (OK)	ONTARIO (ON)	OREGON (OR)	PENNSYLVANIA (PA)	P.E. ISLAND (PE)	QUEBEC (QC)	RHODE ISLAND (RI)	SOUTH CAROLINA (SC)
SOUTH DAKOTA (SD)	SASKATCHEWAN (SK)	TENNESSEE (TN)	TEXAS (TX)	UTAH (UT)	VIRGINIA (VA)	VERMONT (VT)	WASHINGTON (WA)
WISCONSIN (WI)	WEST VIRGINIA (WV)	WYOMING (WY)					
IF THERE WILL BE AT LEAST A 20% VARIANCE IN WEIGHT, PLEASE ATTACH AN EXPLANATION OF WEIGHT DIFFERENCE							

6 COMMERCIAL VEHICLE WEIGHT CHANGE				PLEASE USE THE BOXES BELOW IF CHANGING THE WEIGHT ON A CURRENT APPORTIONED VEHICLE												
UNIT ONE	1	UNIT #	2	VEHICLE IDENTIFICATION NUMBER	3	YEAR	4	MAKE	5	VEHICLE TYPE	6	FUEL TYPE	7	PRESENT GVW	8	NEW GVW
UNIT TWO	1	UNIT #	2	VEHICLE IDENTIFICATION NUMBER	3	YEAR	4	MAKE	5	VEHICLE TYPE	6	FUEL TYPE	7	PRESENT GVW	8	NEW GVW
7 REGISTRATION CERTIFICATION				AUTHORIZED SIGNATURE				TITLE		DATE		NOTES				

Division of Motor Vehicles

IRP Affidavit of Renewal Procedures



Phone: (304) 926-0799

Fax: (304) 926-0797

IMPORTANT NOTICE ABOUT AFFIDAVIT OF RENEWAL PROCEDURES

I have been advised by the International Registration Plan staff and understand that if I **DO NOT** wish to renew my account during the renewal period (May 15th through July 15th) for active accounts, I must **IMMEDIATELY** do the following:

1. Return my renewal form (computer-generated copy) to the IRP office. On the renewal form, I am to write the words "**CANCEL CARRIER**" and I am to sign and date the form.
2. Return **ALL** apportioned license plates and cab cards.

I understand that I must return the items listed above by July 15th. If I fail to return the credentials and decide to renew later in the year, I will be assessed registration fees based on a full twelve (12) months.

Registrant Information - Print Only

Carrier Account Number _____ Date ____/____/____

Name of Registrant _____ Daytime Phone (____) ____ - ____

Address _____
STREET ADDRESS

CITY _____ STATE _____ ZIP _____

(X)

SIGNATURE OF AUTHORIZED REPRESENTATIVE

TITLE



West Virginia Department of Transportation

Division of Motor Vehicles

IRP Mileage Audit Record Information



Phone: (304) 926-0799

Fax: (304) 926-0797

IMPORTANT NOTICE ABOUT MILEAGE AUDIT RECORD INFORMATION

THE INTERNATIONAL REGISTRATION PLAN (IRP) is a multi-jurisdictional agreement that allows registrants to prorate registration fees by mileage.

YOU ARE HEREBY NOTIFIED that you must maintain mileage records for each vehicle and for each registration period that you participate in the IRP Program. Failure to do so could cause the payment of full West Virginia fees and/or termination of IRP privileges. In addition, any jurisdiction in which you operate may, at their discretion, assess full registration fees.

REGISTRANTS MUST KEEP RECORDS on five (5) previous registrations at all times (if not in the program that long, all records must be kept). These records are to be made available for audit during normal business hours upon request. Mileage to be recorded includes all miles operated by the vehicles registered in the program, no minimum requirements exist. See your IRP booklet for information on record keeping and audits, including the six (6) mandatory categories of data. For additional information, you may call the IRP Office at 304-926-0799.

FAILURE TO MAINTAIN RECORDS CAN RESULT IN A FULL FEE ASSESSMENT AND/OR TERMINATION OF IRP PRIVILEGES.

Registrant Information - Print Only

AFTER READING THIS DOCUMENT, complete and sign the following section and return the **top copy** to the IRP office in an enclosed self-addressed envelope. The **bottom copy** is for your files.

IRP Account Number _____ Date ____/____/____

Name of Registrant _____ Daytime Phone (____) ____-____

Address _____
STREET ADDRESS

CITY _____ STATE _____ ZIP _____

(X)

SIGNATURE OF REGISTRANT

TITLE

West Virginia Department of Transportation
Division of Motor Vehicles
Application for Certificate of Title for an IRP Motor Vehicle

TYPE OR PRINT IN BLUE OR BLACK INK

MAKE CHECKS PAYABLE TO THE DIVISION OF MOTOR VEHICLES.

INSTRUCTIONS ARE ON THE SECOND PAGE OF THIS FORM.

FOR DMV USE ONLY

CLASS _____

NUMBER _____

EXP. DATE_____

The purchaser(s)/owner(s) of the following motor vehicle make application for this motor vehicle's Certificate of Title and hereby state the following:

Purchaser(s)/Owner(s) Name(s) _____

Mailing Address _____

CITY/TOWN

COUNTY

STATE

ZIP CODE

VEHICLE DESCRIPTION

[illegible]

Style of Body		Trucks Requested		Title	<input type="checkbox"/> <i>Salvage</i>	<input type="checkbox"/> <i>Other:</i>
		Weight (GVW)		Brand	<input type="checkbox"/> <i>Reconstructed</i>	

Cost/Purchase Price _____ Trade-In _____ Net Cost _____ 6% Sales Tax _____

TRADE-IN DESCRIPTION

[illegible]

LIENS AND ENCUMBRANCES

Name of Lienholder _____ Lien Amount _____ Lender Code

--	--	--	--	--	--	--	--

Mailing Address _____ Kind of Lien ☐ C/S/C ☐ D/T ☐ S/A Lien Date _____

CITY/TOWN STATE ZIP CODE

MOTOR VEHICLE LIABILITY INSURANCE INFORMATION - A POLICY MUST BE IN EFFECT WHEN THIS APPLICATION IS RECEIVED

I hereby state that there is a motor vehicle liability policy in effect on the described vehicle in accordance with the provisions of the West Virginia Motor Vehicle Laws and certify that all statements made herein are true and correct to the best of my knowledge and belief under penalty of law; §17A-9-1: Fraudulent Applications.

THIS TITLE APPLICATION MUST BE SIGNED BY THE PURCHASER(S)/OWNER(S)

Name of Insurance Company _____

Name of Insurance Agent _____

Insurance Policy Number_____

National Association of Insurance Commissioners (NAIC) Number _____

PRINTED COMPANY NAME

(X)

PURCHASER(S)/OWNER(S) SIGNATURE(S) - POWER OF ATTORNEY DOCUMENTS MUST BE PROVIDED IF NOT SIGNED BY THE OWNER(S) THEMSELVES.

DEALER CERTIFICATION

I hereby state that there is a motor vehicle liability policy in effect on the described vehicle in accordance with the provisions of the West Virginia Motor Vehicle Laws and certify that all statements made herein are true and correct to the best of my knowledge and belief under penalty of law; §17A-9-1: Fraudulent Applications.

This is to certify that the above described motor vehicle was acquired from _____ on _____

_____ and sold to the above name purchaser on _____. The undersigned further certifies that the

MONTH, DAY, AND YEAR

MONTH, DAY, AND YEAR

sale price, trade-in, and net cost are true and correct. Additionally, the Federal Odometer Regulation has been satisfied by disclosing the mileage of the

motor vehicle as _____ upon the date of sale, and transfer of ownership. **Additionally, the mileage stated is** (check if applicable):

☐ 1.) IN EXCESS OF ITS MECHANICAL LIMITS ☐ 2.) IS NOT THE ACTUAL MILEAGE WARNING: ODOMETER DISCREPANCY ☐ 3.) NOT APPLICABLE GVW OVER 16,000 POUNDS

Dealer Name _____ Dealer License No. _____

Dealer _____
Address _____

Dealer Signature **(X)**

Instructions

- Complete this application in **BLUE OR BLACK INK ONLY**.
- **DO NOT SEND CASH. SEND CHECK OR MONEY ORDER** payable to the Division of Motor Vehicles.
- Any check that is not honored for payment will result in a \$10.00 SERVICE CHARGE.
- **Documents may be faxed to expedite processing, but final credentials will not be issued until the original documents are received.**

PROCEDURES TO TITLE & APPORTION A MOTOR VEHICLE THAT IS NEW AND NEVER BEEN TITLED

- 1) Form DMV-1-IRP – *Completed by the dealer*
- 2) MSO Certificate of Origin – *Properly assigned by the dealer*
- 3) Fees: \$15.00 for title, \$10.00 per lien – *Apportioned registration fees will be billed separately. 6% sales tax due for vehicles below 55,000 pounds.*
- 4) IRP: Form DMV-IRP-001 – *Completed by the carrier to add vehicle to apportioned fleet*
- 5) Company signatures for companies, corporations or LLC's must be listed on the Secretary of State's Office website or a Power of Attorney from the company must be included.

PROCEDURES TO TITLE & APPORTION A MOTOR VEHICLE THAT IS USED AND LAST TITLED IN ANOTHER STATE

- 1) Form DMV-1-IRP – *Completed by the dealer*
- 2) Out-of-State Title – *Properly assigned by the seller*
- 3) Fees: \$15.00 for title, \$10.00 per lien – *Apportioned registration fees will be billed separately. 6% sales tax due for vehicles below 55,000 pounds.*
- 4) IRP: Form DMV-IRP-001 – *Completed by the carrier to add vehicle to apportioned fleet*
- 5) Company signatures for companies, corporations or LLC's must be listed on the Secretary of State's Office website or a Power of Attorney from the company must be included.

PROCEDURES TO TITLE & APPORTION A MOTOR VEHICLE THAT IS USED AND WAS LAST TITLED IN WEST VIRGINIA

- 1) West Virginia Certificate of Title – *Properly reassigned by the seller and with the Application for Title section properly completed by the purchaser (Section 7)*
- 2) Fees: \$15.00 for title, \$10.00 per lien – *Apportioned registration fees will be billed separately. 6% sales tax due for vehicles below 55,000 pounds.*
- 3) IRP: Form DMV-IRP-001 – *Completed by the carrier to add vehicle to apportioned fleet*
- 4) Company signatures for companies, corporations or LLC's must be listed on the Secretary of State's Office website or a Power of Attorney from the company must be included.

Checklist

- ☐ Is the application completed, including signatures?
- ☐ Is a power of attorney included where required?
- ☐ Did you enclose a check or money order payable to DMV for the total fees and payment due?
- ☐ Do you have all required documents as outlined above?

MAIL ALL REQUIRED DOCUMENTS, FORMS, AND PAYMENT TO:

Division of Motor Vehicles | Motor Carrier Services
5707 MacCorkle Avenue, SE, PO Box 17900
Charleston, WV 25317

Telephone (304) 926-0799
(304) 926-0797

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

LEGAL NAME			IRP ACCOUNT NUMBER
STREET ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
			() -

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)*:

APPOINTEE'S NAME	APPOINTEE'S SIGNATURE
	(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.

West Virginia Department of Transportation

Division of Motor Vehicles

Power of Attorney for WVIRP Service Providers or Designated Person

**IRP Motor Carriers Section**

5707 MacCorkle Ave SE Charleston, WV 25317

Tel: (304) 926-0799 | Fax: (304) 926-0797

Email: DMVIRP@wv.gov

YOUR LEGAL NAME			IRP ACCOUNT NUMBER
STREET ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
			() -

I, _____, do hereby authorize and appoint the following person as IRP service provider or designated person:

LEGAL NAME			IRP ACCOUNT NUMBER
STREET ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
			() -

I grant my agent authority to sign in the name of the undersigned any 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 understand that ONLY persons shown as officers on the Secretary of State's website are permitted to add person(s) on this form for any corporations.

IN WITNESS THEREOF, the undersigned has executed this instrument this _____ day of _____, 20____.

(X)

LEGAL SIGNATURE

----- NOTARY PUBLIC -----

Subscribed and sworn before me this _____ day of _____, 20____.

(X)

Notary Public signature

My Commission expires on ____/____/____.



West Virginia Department of Transportation

Division of Motor Vehicles

Request for IRP System Access

**IRP Motor Carriers Section**

5707 MacCorkle Ave SE Charleston, WV 25317

Tel: (304) 926-0799 | Fax: (304) 926-0797

Email: DMVIRP@wv.gov

To pay an International Registration Plan (IRP) bill online, you will need to set up an online sign-in for the account. To do this, you must have a completed Authorized Signatures form in your file in the IRP office and the person gaining access must be listed on that form. Then, to request your user ID and password for online access, complete this form and send it to the WVDMV IRP Motor Carriers Section at the address, fax number or email listed above.

Name: _____

Account #: _____

Street Address: _____

City: _____

State: _____ Zip: _____

Email: _____

Signature*: (X) _____

** You must be authorized for this carrier account or have Power of Attorney on file with the IRP.*

----- AGENCY USE -----

User ID	Initials
---------	----------



West Virginia Division of Motor Vehicles

Application for International Fuel Tax Agreement (IFTA) Credentials

Commercial Licensing • IFTA Unit • 5707 MacCorkle Avenue, SE • PO Box 17900 • Charleston, WV 25317

Telephone • (304) 926-0799

1.) BUSINESS LEGAL NAME _____

2.) DBA / TRADE NAME (If different than legal name) _____

3.) BUSINESS PHYSICAL ADDRESS (Cannot be PO Box) _____
Street Address City State Zip Code

4.) BUSINESS MAILING ADDRESS (If different from #3) _____
Street Address City State Zip Code

5.) CONTACT PERSON'S NAME _____

6.) TELEPHONE NUMBER (_____) _____ 7.) FAX NUMBER (_____) _____

8.) FEIN NUMBER OR SOCIAL SECURITY NUMBER _____

9.) US DOT NUMBER _____ 10.) IRP NUMBER _____

11.) LIST NAMES AND ADDRESSES FOR ALL PARTNERS OR PRINCIPAL OFFICERS BELOW

NAME	ADDRESS	TITLE	SOCIAL SECURITY #

12.) TYPE OF OWNERSHIP ☐ CORPORATION ☐ PARTNERSHIP ☐ SOLE OWNERSHIP ☐ OTHER _____

13.) INDICATE TYPES OF FUEL USED ☐ DIESEL ☐ GASOLINE ☐ GASAHOL ☐ NATURAL ☐ NATURAL COMPRESSED GAS

14.) INDICATE WITH A CHECK MARK WHICH JURISDICTIONS IN WHICH YOU ARE OPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAGE IN.
| KEY | **OP** = Operation | **BF** = Bulk Fuel Storage |

OP	BF	JURISDICTION	OP	BF	JURISDICTION	OP	BF	JURISDICTION	OP	BF	JURISDICTION
<input type="checkbox"/>	<input type="checkbox"/>	AB ALBERTA	<input type="checkbox"/>	<input type="checkbox"/>	IN INDIANA	<input type="checkbox"/>	<input type="checkbox"/>	ND NORTH DAKOTA	<input type="checkbox"/>	<input type="checkbox"/>	PQ QUEBEC
<input type="checkbox"/>	<input type="checkbox"/>	AK ALASKA	<input type="checkbox"/>	<input type="checkbox"/>	KS KANSAS	<input type="checkbox"/>	<input type="checkbox"/>	NE NEBRASKA	<input type="checkbox"/>	<input type="checkbox"/>	RI RHODE ISLAND
<input type="checkbox"/>	<input type="checkbox"/>	AL ALABAMA	<input type="checkbox"/>	<input type="checkbox"/>	KY KENTUCKY	<input type="checkbox"/>	<input type="checkbox"/>	NF NEW FOUNDLAND	<input type="checkbox"/>	<input type="checkbox"/>	SC SOUTH CAROLINA
<input type="checkbox"/>	<input type="checkbox"/>	AR ARKANSAS	<input type="checkbox"/>	<input type="checkbox"/>	LB LABRADOR	<input type="checkbox"/>	<input type="checkbox"/>	NH NEW HAMPSHIRE	<input type="checkbox"/>	<input type="checkbox"/>	SD SOUTH DAKOTA
<input type="checkbox"/>	<input type="checkbox"/>	AZ ARIZONA	<input type="checkbox"/>	<input type="checkbox"/>	LA LOUISIANA	<input type="checkbox"/>	<input type="checkbox"/>	NJ NEW JERSEY	<input type="checkbox"/>	<input type="checkbox"/>	SK SASKATCHEWAN
<input type="checkbox"/>	<input type="checkbox"/>	BC BRITISH COLUMBIA	<input type="checkbox"/>	<input type="checkbox"/>	MA MASSACHUSETTS	<input type="checkbox"/>	<input type="checkbox"/>	NM NEW MEXICO	<input type="checkbox"/>	<input type="checkbox"/>	TN TENNESSEE
<input type="checkbox"/>	<input type="checkbox"/>	CA CALIFORNIA	<input type="checkbox"/>	<input type="checkbox"/>	MB MANITOBA	<input type="checkbox"/>	<input type="checkbox"/>	NS NOVA SCOTIA	<input type="checkbox"/>	<input type="checkbox"/>	TX TEXAS
<input type="checkbox"/>	<input type="checkbox"/>	CO COLORADO	<input type="checkbox"/>	<input type="checkbox"/>	MD MARYLAND	<input type="checkbox"/>	<input type="checkbox"/>	NT NORTHWEST TERRITORY	<input type="checkbox"/>	<input type="checkbox"/>	UT UTAH
<input type="checkbox"/>	<input type="checkbox"/>	CT CONNECTICUT	<input type="checkbox"/>	<input type="checkbox"/>	ME MAINE	<input type="checkbox"/>	<input type="checkbox"/>	NV NEVADA	<input type="checkbox"/>	<input type="checkbox"/>	VA VIRGINIA
<input type="checkbox"/>	<input type="checkbox"/>	DC DISTRICT OF COLUMBIA	<input type="checkbox"/>	<input type="checkbox"/>	MI MICHIGAN	<input type="checkbox"/>	<input type="checkbox"/>	NY NEW YORK	<input type="checkbox"/>	<input type="checkbox"/>	VT VERMONT
<input type="checkbox"/>	<input type="checkbox"/>	DE DELAWARE	<input type="checkbox"/>	<input type="checkbox"/>	MN MINNESOTA	<input type="checkbox"/>	<input type="checkbox"/>	OH OHIO	<input type="checkbox"/>	<input type="checkbox"/>	WA WASHINGTON
<input type="checkbox"/>	<input type="checkbox"/>	FL FLORIDA	<input type="checkbox"/>	<input type="checkbox"/>	MO MISSOURI	<input type="checkbox"/>	<input type="checkbox"/>	OK OKLAHOMA	<input type="checkbox"/>	<input type="checkbox"/>	WI WISCONSIN
<input type="checkbox"/>	<input type="checkbox"/>	GA GEORGIA	<input type="checkbox"/>	<input type="checkbox"/>	MS MISSISSIPPI	<input type="checkbox"/>	<input type="checkbox"/>	ON ONTARIO	<input type="checkbox"/>	<input type="checkbox"/>	WV WEST VIRGINIA
<input type="checkbox"/>	<input type="checkbox"/>	IA IOWA	<input type="checkbox"/>	<input type="checkbox"/>	MT MONTANA	<input type="checkbox"/>	<input type="checkbox"/>	OR OREGON	<input type="checkbox"/>	<input type="checkbox"/>	WY WYOMING
<input type="checkbox"/>	<input type="checkbox"/>	ID IDAHO	<input type="checkbox"/>	<input type="checkbox"/>	NB NEW BRUNSWICK	<input type="checkbox"/>	<input type="checkbox"/>	PA PENNSYLVANIA	<input type="checkbox"/>	<input type="checkbox"/>	YT YUKON TERRITORY
<input type="checkbox"/>	<input type="checkbox"/>	IL ILLINOIS	<input type="checkbox"/>	<input type="checkbox"/>	NC NORTH CAROLINA	<input type="checkbox"/>	<input type="checkbox"/>	PE PRINCE EDWARD ISLAND	<input type="checkbox"/>	<input type="checkbox"/>	

16.) HAVE YOU EVER BEEN ISSUED AN IFTA LICENSE BY ANOTHER IFTA JURISDICTION? ☐ YES ☐ NO

LIST PREVIOUS JURISDICTIONS (If answered "yes")	DATE ISSUED

17.) TWO IDENTICALLY NUMBERED IFTA DECALS ARE REQUIRED FOR EACH QUALIFIED MOTOR VEHICLE OPERATED.

ENTER NUMBER OF QUALIFIED VEHICLES REQUIRING DECALS X \$5.00 = TOTAL DUE



Request for Decals

Qualified Motor Vehicles

A motor vehicle used, designed, or maintained for transportation of persons or property and:

- Having two or more axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 lbs.
 - Having three or more axles regardless of weight
- Is used in combination when the weight of such a combination exceeds 26,000 lbs.

These do not include recreational vehicles.

The applicant agrees to comply with the reporting, payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that West Virginia may withhold any funds due if the applicant is delinquent on payment of fuel taxes due to any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the license in all member states.

APPLICANT AGREES UNDER PENALTY OF PERJURY, THAT THE INFORMATION GIVEN ON THE IFTA APPLICATION IS, TO THE BEST OF THEIR KNOWLEDGE, TRUE, ACCURATE, AND COMPLETE.

SIGNATURE OF APPLICANT/OWNER

TITLE

DATE

IF A REPORTING SERVICE COMPLETES YOUR FUEL TAX REPORT, YOU MUST GIVE IT'S NAME, ADDRESS, AND PHONE NUMBER BELOW. AS WELL AS YOUR SIGNATURE, THIS FORM WILL NEED TO BE NOTARIZED BELOW.

I/we hereby appoint _____ as my/our attorney in fact for all manners related to fuel taxes including, but not limited to, filing and discussion of all required documents with any employee of the State of West Virginia.

SIGNATURE OF APPLICANT/OWNER

SIGNATURE OF APPLICANT/OWNER

NAME OF APPOINTED

ADDRESS OF APPOINTED

PHONE NUMBER OF APPOINTED

NOTARY INFORMATION

THIS SECTION IS REQUIRED ONLY IF A REPORTING SERVICE COMPLETES YOUR TAX REPORT.

STATE OF _____ COUNTY OF _____

On this _____ day of _____, 20____, before me, the undersigned Notary Public, in and for the county and state aforesaid personally appeared and acknowledged to me that he/she executed the same as his/her free and voluntary act and deed, and as free and voluntary act and deed of said corporation for the use and purposes therein set forth.

Given under my hand and seal the day and year last above written.

Notary Public _____

My Commission Expires _____

Place Seal Here

(GVWR 26,001 lbs. and Greater; or Vehicle Has 3 or More Axles Regardless of Weight)

Pg 3