

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)
 - $\circ~$ 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
 - $\circ~$ 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 × 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: <u>DMVIRP@WV.GOV</u> ONLINE ACCESS: <u>HTTPS://WVDMV-MCS.WV.GOV/WVENTERPRISE</u>

FMCSA for DOT REGISTRATION & UPDATE

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

UCR ASSISTANCE

WEBSITE: <u>WWW.UCR.GOV</u> PUBLIC SERVICE COMMISSION OF WEST VIRGINIA PHONE: 1-800-247-8789 UNIFIED CARRIER REGISTRATION: <u>UCR@PSC.STATE.WV.US</u> MOTOR CARRIER OFFICE: <u>MCINTRASTATE@PSC.STATE.WV.US</u>

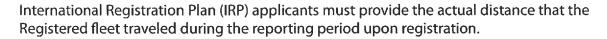
OVER WEIGHT & LENGTH PERMITS

304-558-9547

INTRASTATE – <u>WWW.WV.GOTPERMITS.COM</u> INTERSTATE – <u>WWW.GOTPERMITS.COM</u>

WV STATE TAX DEPARTMENT

TAXPAYER SERVICES AND GOOD STANDING ASSISTANCE PHONE: 304-558-3333 WEBSITE: <u>MYTAXES.WVTAX.GOV</u>



~ WEST VIRGINIA IRP

West Virginia DMV Motor Carriers Unit

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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	Alberta	268	ND	North Dakota	232
AK	Alaska	0	NE	Nebraska	226
AL	Alabama	488	NF	Newfoundland	371
AR	Arkansas	479	NH	New Hampshire	39
AZ	Arizona	422	NJ	New Jersey	327
BC	British Columbia	137	NM	New Mexico	330
CA	California	563	NS	Nova Scotia	358
СО	Colorado	211	NT	Northwest Territories	0
СТ	Connecticut	219	NV	Nevada	517
DC	District of Columbia	21	NY	New York	280
DE	Delaware	123	OH	Ohio	3829
FL	Florida	2498	ОК	Oklahoma	237
GA	Georgia	886	ON	Ontario	230
IA	Iowa	196	OR	Oregon	221
ID	Idaho	104	PA	Pennsylvania	3456
IL	Illinois	927	PE	Prince Edward Island	0
IN	Indiana	1440	QC	Quebec	21
KS	Kansas	282	RI	Rhode Island	40
KY	Kentucky	2448	SC	South Carolina	964
LA	Louisiana	146	SD	South Dakota	150
MA	Massachusetts	231	SK	Saskatchewan	88
MB	Manitoba	36	TN	Tennessee	1210
MD	Maryland	1804	TX	Texas	564
ME	Maine	161	UT	Utah	179
MI	Michigan	332	VA	Virginia	4279
MN	Minnesota	229	VT	Vermont	32
MO	Missouri	932	WA	Washington	129
MS	Mississippi	199	WI	Wisconsin	371
MT	Montana	202	WV	West Virginia	15998
MX	Mexico	0	WY	Wyoming	289
NB	New Brunswick	152	YT	Yukon	0
NC	North Carolina	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 (304) 926-3905 PO Box 17900 (304) 926-0799 PO Box 17900 Charleston, WV 25317

🖶 (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 <u>www.irs.gov/trucker</u> 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 <u>www.irs.gov/trucker</u>. 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 <u>www.irs.gov/trucker</u>.

DMV II	/ IRP 001 VEHICLE SCHEDULE IRP VEHICLE REGISTRATION FORM REV 3/2024 Vest Virginia IRP PH #(304)926-0799																				
	ACCOUNT #	FLEET #	SUPP	LEMENTAL #		REG YEAR	N	EW OR EXIS	TING ACCOU	JNT?		di	m				MacCorkle ox 17900	e Avenue, SE		Fax (304)926-07	797
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ADDITIONAL VEHICLES FORM FLEET

ACCOUNT #

REGISTRANT'S NAME

THIS FORM IS NOT VALID WITHOUT

A COMPLETED VEHICLE SCHEDULE.



West Virginia IRP 5707 MacCorkle Avenue, SE

dmvirp@wv.gov

Charleston, WV 25317

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

CC	ODE KEY
VEHICLE TYPE	TYPE OF FUEL
BS - BUS	D- DIESEL
GG- GARBAGE TRUCK	G - GAS
TK - TRUCK	P -PROPANE
TR - TRACTOR	O - OTHER
TT - TRUCK TRACTOR	O OTTER
WR - WRECKER	

			IF LON	G TERM LEASING (31 DAYS OR MOR	E) TO A MOTOR CARRIER, PLACE THEI	IR F.E.I.N. # IN BOX 16 AND THEIR DOT # IN BOX 17, AND SUBMIT A COPY OF THE LEA
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	D BE USED FOR OPENII AN EXISTING ACCOUI	NG A NEW ACCOUNT OR 1 NT.	WEST VIRGINIA AVERAGE MILEAGE CHART. (SKIP PART 4 BELOW) Charleston, WV 25317																
	Image: New Account EXISTING ACCOUNT Image: None or More of the jurisdictions listed below. (COMPLETE PART 4 BELOW) CALL (304)926-3905 OR (304)926-0799 Fax (304)926-0797 EMAIL DMVIRP@WVGOV																		
4	REPORT THE	ACTUAL MILEA	GE FOR EA		CTION B	EL	OW. IRI	PN	MEMBERS A			N BLAC	K B	ELO	W, AN	ND	NON-MEM	BERS	IN RED.
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PENNSYLV	ANIA (PA)	P.E. ISLAND (PE)	QUEBEC (QC)	1	RHODE ISLANI	D (RI)		s	SOUTH CAROLINA (SC)		SOUTH DAKOTA (SD)				SASKATCHEWAN (SK)			TENNESSI	E (TN)
TEXAS (TX)		UTAH (UT)	VIRGINIA (VA	N)	VERMONT (VT		VERMONT (VT)		v	WASHINGTON (WA) WISCONSIN (WI)		N (WI)		WEST VIRGINIA (WV)			VV)	WYOMIN	5 (WY)
YUKON (YT)	TOTAL						-	RI	EMINDER: SE	CTION 4 IS	TO BE FILLED	OUTC	NLY IF	YOU HAVE	MILE	AGE TO REPORT.		
5	OPERATION	AL JURISDICTIO	NS & WEI	GHTS	WILL WEIGH IN EACH JUI IF YES, LIST	RISD	ICTION?				IGHTS WIL	T BELOW PLA	NT IN CING 1	THE JU	RISDICTIO IGHTS YO	NS, T		GROUP	NUMBER
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MINNESOT	A (MN)	MISSOURI (MO)	MISSISSIPPI	(MS)	MONTANA (M	T)		N	NEW BRUNSWICK (NB)		NORTH CA	ROLINA (NC)			NORTH DAP	(OTA (ND)	NEBRASK	A (NE)
NEWFOUND		NEW HAMPSHIRE (NH)	NEW JERSEY	(LN)	NEW MEXICO (N	NOVA SCOTIA (NS)		NEVADA (I	NV)			NEW YORK			OHIO (OH	
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SOUTH DAM		SASKATCHEWAN (SK)	TENNESSEE		TEXAS (TX)			L	UTAH (UT)		VIRGINIA ((VA)			VERMONT (VT)		WASHING	TON (WA)
WISCONSIN	N (WI)	WEST VIRGINIA (WV)	WYOMING (WY)															
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UNIT 1 TWO	JNIT # VEHICLE I	DENTIFICATION NUMBER				3	YEAR	4	MAKE	5		ETYPE	6 F	JEL TYF	_	7	PRESENT GVW	8	NEW GVW
7	REGISTRATIO	ON CERTIFICATI		THORIZED SIGNATURE	I					TITLE		DATE			NOTES				



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 a full twelve (12) months.

Carrier Account Number	D	ate/
lame of Registrant	Daytime Phor	ne (<u>)</u> -
ddress	STREET ADDRESS	
ΙΤΥ	STATE	ZIP
X) SIGNATURE OF AUTHORIZED REPRESENTATIVE	TITLE	
West	Virginia	

Keeping West Virginia on the move.

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-jursdictional 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		
СІТҮ	STATE	ZIP
(X) SIGNATURE OF REGISTRANT	TITLE	

DMV-1-IRP Pg. 1 of 2 Rev. 04/2023		ginia Department of Tra ON OF MOTOR \	·				
FOR DMV USE ONLY CLASS	Application for Cert			r Vehicle			
NUMBER	ТҮРЕ	OR PRINT IN BLUE OR B	LACK INK]			
EXP. DATE	MAKE CHECKS PAY	ABLE TO THE DIVISION	OF MOTOR VEHIC	<u>LES</u> .			
	INSTRUCTIONS A	RE ON THE SECOND P	AGE OF THIS FO	RM.			
The purchaser(s)/owner(s) of the following r	notor vehicle make application fo	or this motor vehicle's Certi	ficate of Title and h	ereby state the fol	lowing:		
Purchaser(s)/Owner(s) Name(s)							
Mailing Address							
CITY/TOWN	COUNTY	STAT	ſĔ	ZIP CODE			
		VEHICLE DESCRIPTIO	N				
Make Year							
Style of Body	Trucks Requested Weight (GVW)			alvage	Other:		
Cost/Purchase Price	Trade-In	Net C	lost		6% Sale	es Tax	
		TRADE-IN DESCRIPTION	ON				
Make Year	V.I.N.					Title No	
	L	IENS AND ENCUMBRAI					
Name of Lienholder		Lien Amount		Londor Codo			
Mailing							
Address	CITY/TOWN	STATE ZIP CODE	Kind of Lien 🗌	C/S/C D/T] <i>s/a</i> Li	ien Date	
MOTOR VEHICLE LIAB	ILITY INSURANCE INFORMAT	FION - A POLICY MUST	BE IN EFFECT W	HEN THIS APPL	ICATION	IS RECEIVED	
I hereby state that there is a motor vehic and certify that all statements made her							
and certify that an statements made her		e dest of my knowledge	THIS TITLE APPLIC	•			
Name of Insurance Company				ATION MOST BES	IGNED BI	THEFORCHASE	R(3)/OWNER(3)
			PRINTED COMPANY N	IAME			
Name of Insurance Agent							
Insurance Policy Number			(X) PURCHASER(S)/OWNI	ER(S) SIGNATURE(S)	- POWER C	F ATTORNEY DOG	CUMENTS MUST
National Association of Insurance Cor	nmissioners (NAIC) Numbei	r	BE PROVIDED IF NOT	SIGNED BY THE OW	NER(S) THE	MSELVES.	
		DEALER CERTIFICATIO	0 N				
I hereby state that there is a motor vehic and certify that all statements made her	cle liability policy in effect on t	he described vehicle in a	accordance with t				
This is to certify that the above descr	ibed motor vehicle was acq	uired from					or
and	d sold to the above name pi	urchaser on		The up	dersiane	d further certi	fies that the
	d sold to the above name pu						
sale price, trade-in, and net cost are t	rue and correct. Additional	ly, the Federal Odome	ter Regulation h	as been satisfie	d by disc	losing the mi	leage of the
motor vehicle as	upon the date of s	sale, and transfer of ov	vnership. Addit i	ionally, the mi	leage sta	ated is (check i	f applicable):
	NOT THE ACTUAL MILEAGE	3.) NOT APPLICA GVW OVER 16,000 P					
Dealer Name	Dealer License N	No					
Dealer Address		STATE ZIP	CODE				
	CITY/IOWN						

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?	MAIL ALL REQUIRED DOCUMENTS, FORMS, AND PAYMENT TO:
Did you enclose a check or money order payable to DMV for the total fees and payment due?	Division of Motor Vehicles Motor Carrier Services 5707 MacCorkle Avenue, SE, PO Box 17900 Charleston, WV 25317
Do you have all required documents as outlined above?	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

LEGAL NAME			IRP ACCOUNT	NUMBER		
STREET ADDRESS						
CITY	STATE	ZIP CODE		PHONE N	IUMBER	
				,	`	
				()	-

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



IRP Motor Carriers Section

5707 MacCorkle Ave SE Charleston, WV 25317

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

Power of Attorney for WVIRP Service Providers or Designated Person

Email: DMVIRP@wv.gov

YOUR LEGAL NAME			IRP ACCOUNT I	NUMBER		
STREET ADDRESS						
CITY	STATE	ZIP CODE		PHONE N	UMBER	
				1	1	
				()	-

I, ______, do hereby authorize and appoint the following person as

IRP service provider or designated person:

LEGAL NAME		IRP ACCOUNT	NUMBER
STREET ADDRESS			
		1	1
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		
N(OTADY DUDUIC	
	TANT FUBLIC	
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	

DBA / TRADE NAME (if different than legal name) BUSINESS PHYSICAL ADDRESS (cannot be PO Box) Street Address Cov State Zap Code BUSINESS MAILING ADDRESS (if different from #3) Street Address Cov State Zap Code CONTACT PERSON'S NAME TELEPHONE NUMBER (DBA / TRADE NAME uf different than legal name)	DBA / TRADE NAME (if different than legal name). BUSINESS PHYSICAL ADDRESS (cannot be P0 Box) BUSINESS PHYSICAL ADDRESS (cannot be P0 Box) BUSINESS MAILING ADDRESS (different from #3) BUSINESS MAILING ADDRESS FOR ALL PARTNERS OR PRINCIPAL OFFICERS BELOW NAME ADDRESS TOR ALL PARTNERS OR PRINCIPAL OFFICERS BELOW NAME ADDRESS TOR ALL PARTNERS OR PRINCIPAL OFFICERS BELOW NAME ADDRESS TOR ALL PARTNERS OR PRINCIPAL OFFICERS BELOW NAME ADDRESS FOR ALL PARTNERSHIP SOLE OWNERSHIP CORPORATION PARTNERSHIP SOLE OWNERSHIP OFFICE NATURAL COMPRESSED G INDICATE WTH A CHECK MARK WHICH JURISDICTIONS IN WHICH YOU ARE OPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 Proceeding BA ADARSAS BA BI BI LABRADOR LEVY OF 0 PROPERATION, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPERATING, AND WHICH YOU MAINTAIN BULK FUEL STORAL LEVY OF 0 PROPER	DBA / TRADE NAME (if different than legal name)	Description of the set of the se	State Zip C	Zip Code
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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 REP	•	
NUMBER BELOW. AS WELL AS YOUR SIGNATURE, THIS FO	RIVI WILL NEED TO BE NO	I ARIZED 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 _____



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

	Qualifi	ed Veh	icle List		
VIN	Plate#	Leased Y/N	VIN	Plate#	Leased Y/N
	<u> </u>				
	<u> </u>				