



1	ACCOUNT #	FLEET #	SUPPLEMENTAL #	REG YEAR	NEW OR EXISTING ACCOUNT?
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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	VEHICLE TYPE BS - BUS GG- GARBAGE TRUCK TK - TRUCK TR - TRACTOR TT - TRUCK TRACTOR WR - WRECKER			DELETIONS DESTROYED OUT OF SERVICE SOLD / TRADED		
ZIP CODE		COUNTY	MAILING ZIP CODE		CONTACT NAME						
ACCOUNT DOT#		ACCOUNT F.E.I.N #		PRIMARY PHONE		SECONDARY PHONE		(X) _____ AUTHORIZED INITIALS			

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	
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	

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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