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 the 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 Title / Certificate of Origin: Only if Not Already Titled in Registrant's Name in WV
  - Work Can be Started and Temporary Registration Can Be Issued with Copies of the Title/Certificate of Origin. **MUST HAVE ORIGINALS TO RELEASE CREDENTIALS**
  - 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 × 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.

E.E.O./AFFIRMATIVE ACTION EMPLOYER

DMV IRP

PHONE: 304-926-0799 FAX: 304-926-0797
EMAIL: DMVIRP@WV.GOV
ONLINE ACCESS: HTTPS://WVDMV-MCS.WV.GOV/WVENTERPRISE

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: 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
INTERSTATE – WWW.GOTPERMITS.COM

WV STATE TAX DEPARTMENT

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

WEST VIRGINIA IRP

West Virginia DMV Motor Carriers Unit

WV Based IRP Distance Requirements

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	Alberta	234	ND	North Dakota	178
AK	Alaska	0	NE	Nebraska	253
AL	Alabama	411	NF	Newfoundland	545
AR	Arkansas	369	NH	New Hampshire	70
AZ	Arizona	388	NJ	New Jersey	325
BC	British Columbia	97	NM	New Mexico	327
CA	California	515	NS	Nova Scotia	227
CO	Colorado	220	NT	Northwest Territories	0
CT	Connecticut	219	NV	Nevada	102
DC	District of Columbia	16	NY	New York	322
DE	Delaware	104	OH	Ohio	3864
FL	Florida	2523	OK	Oklahoma	232
GA	Georgia	573	ON	Ontario	241
IA	Iowa	184	OR	Oregon	199
ID	Idaho	150	PA	Pennsylvania	3339
IL	Illinois	781	PE	Prince Edward Island	0
IN	Indiana	1184	QC	Quebec	67
KS	Kansas	204	RI	Rhode Island	28
KY	Kentucky	2157	SC	South Carolina	948
LA	Louisiana	168	SD	South Dakota	133
MA	Massachusetts	180	SK	Saskatchewan	127
MB	Manitoba	9	TN	Tennessee	915
MD	Maryland	1699	TX	Texas	556
ME	Maine	384	UT	Utah	159
MI	Michigan	293	VA	Virginia	3880
MN	Minnesota	166	VT	Vermont	68
MO	Missouri	656	WA	Washington	176
MS	Mississippi	163	WI	Wisconsin	290
MT	Montana	276	WV	West Virginia	16181
MX	Mexico	0	WY	Wyoming	350
NB	New Brunswick	74	YT	Yukon	0
NC	North Carolina	1653			

***** 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: 04/01/2026

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

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

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

1

ACCOUNT #	FLEET #	SUPPLEMENTAL #	REG YEAR	NEW OR EXISTING ACCOUNT?

REGISTRANT NAME		DOING BUSINESS AS	
PHYSICAL ADDRESS		MAILING ADDRESS	
CITY	STATE	MAILING CITY	STATE
ZIP CODE	COUNTY	MAILING ZIP CODE	CONTACT NAME
ACCOUNT DOT#	ACCOUNT F.E.I.N #	PRIMARY PHONE	SECONDARY PHONE

CODE KEY

TYPE OF OPERATION
- EX - EXEMPT
- PC - PRIVATE CARRIER
- FH - FOR HIRE

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

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

DELETIONS
- DESTROYED
- OUT OF SERVICE
- SOLD / TRADED

T.E.A.R.

TEMPORARY EVIDENCE OF APPORTIONED REGISTRATION

ACCEPTING A TEMPORARY OPERATING PERMIT MAKES YOU LIABLE FOR PAYMENT OF LICENSE FEES FROM THE ISSUE DATE THROUGH THE REMAINDER OF THE LICENSE YEAR.

(X)_____

AUTHORIZED INITIALS

2 FLEET INFO

TYPE OF OPERATION	WHAT ARE YOU HAULING	EMAIL ADDRESS

3 DELETIONS

	UNIT NUMBER	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	APPORTIONED PLATE NUMBER
REASON FOR DELETION					
REASON FOR DELETION					

TRANSACTION CODE
- ☐ DELETE VEHICLES
- ☐ ADD VEHICLES
- ☐ ADD / DELETE - PLATE TRANSFER
- ☐ ADD / DELETE - NEW PLATE
- ☐ CHANGE LEASE
- ☐ ADDRESS CHANGE
- ☐ OTHER (INDICATE WHAT IS NEEDED DONE) _____

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.

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	13 TITLE NUMBER	14 NAME ON TITLE OF VEHICLE
			Y N		

15 VEHICLE OWNER PHONE NUMBER	16 DOT LEASED?	17 COMPANY LEASED TO DOT #	18 COMPANY LEASED TO F.E.I.N.	19 SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR?	20 PLATE # TO TRANSFER (IF APPLICABLE)
	Y N			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	13 TITLE NUMBER	14 NAME ON TITLE OF VEHICLE
			Y N		

15 VEHICLE OWNER PHONE NUMBER	16 DOT LEASED?	17 COMPANY LEASED TO DOT #	18 COMPANY LEASED TO F.E.I.N.	19 SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR?	20 PLATE # TO TRANSFER (IF APPLICABLE)
	Y N			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 AMKNOWLEDGEABLE OF THE MOTOR CARRIER SAFETY REGULATIONS AND HAZARDOUS MATERIAL REGULATIONS.

(X)_____

AUTHORIZED SIGNATURE

INSURANCE COMPANY	POLICY NUMBER	NAIC NUMBER

6 NOTES

DMV IRP 001A REV 3/2024

ADDITIONAL VEHICLES FORM

West Virginia IRP
5707 MacCorkle Avenue, SE
Charleston, WV 25317
dmvirp@wv.gov

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

ACCOUNT #	FLEET #	REGISTRANT'S NAME

THIS FORM IS NOT VALID WITHOUT A COMPLETED VEHICLE SCHEDULE.

CODE 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	
WR - WRECKER	

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 LEA 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 WHAT IS NEEDED FOR BUSES.

UNIT THREE

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 TEMPORARY?	13 TITLE NUMBER	14 NAME ON TITLE OF VEHICLE
			☐ Y ☐ N		

15 VEHICLE OWNER PHONE NUMBER	16 DOT LEASED?	17 COMPANY LEASED TO DOT #	18 COMPANY LEASED TO F.E.I.N.	19 WILL SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR?	20 PLATE # TO TRANSFER (IF APPLICABLE)
	☐ Y ☐ N			☐ Y ☐ N	

UNIT FOUR

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 TEMPORARY?	13 TITLE NUMBER	14 NAME ON TITLE OF VEHICLE
			☐ Y ☐ N		

15 VEHICLE OWNER PHONE NUMBER	16 DOT LEASED?	17 COMPANY LEASED TO DOT #	18 COMPANY LEASED TO F.E.I.N.	19 WILL SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR?	20 PLATE # TO TRANSFER (IF APPLICABLE)
	☐ Y ☐ N			☐ Y ☐ N	

UNIT FIVE

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 TEMPORARY?	13 TITLE NUMBER	14 NAME ON TITLE OF VEHICLE
			☐ Y ☐ N		

15 VEHICLE OWNER PHONE NUMBER	16 DOT LEASED?	17 COMPANY LEASED TO DOT #	18 COMPANY LEASED TO F.E.I.N.	19 WILL SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR?	20 PLATE # TO TRANSFER (IF APPLICABLE)
	☐ Y ☐ N			☐ Y ☐ N	

UNIT SIX

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 TEMPORARY?	13 TITLE NUMBER	14 NAME ON TITLE OF VEHICLE
			☐ Y ☐ N		

15 VEHICLE OWNER PHONE NUMBER	16 DOT LEASED?	17 COMPANY LEASED TO DOT #	18 COMPANY LEASED TO F.E.I.N.	19 WILL SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR?	20 PLATE # TO TRANSFER (IF APPLICABLE)
	☐ Y ☐ N			☐ Y ☐ N	

UNIT SEVEN

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 TEMPORARY?	13 TITLE NUMBER	14 NAME ON TITLE OF VEHICLE
			☐ Y ☐ N		

15 VEHICLE OWNER PHONE NUMBER	16 DOT LEASED?	17 COMPANY LEASED TO DOT #	18 COMPANY LEASED TO F.E.I.N.	19 WILL SAFETY RESPONSIBILITY FOR VEHICLE CHANGE DURING THE REGISTRATION YEAR?	20 PLATE # TO TRANSFER (IF APPLICABLE)
	☐ Y ☐ N			☐ Y ☐ N	

DMV-IRP-002 Created 3/2018

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@WVGOV**

1 REGISTRANT INFORMATION

ACCOUNT #	FLEET #	SUPPLEMENTAL #	REG YEAR

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.

☐ NEW ACCOUNT ☐ EXISTING ACCOUNT

2 SCHEDULE OF FLEET MILEAGE PER PERIOD

JULY 1, 20___ THROUGH JUNE 30, 20___.

DO NOT COMBINE THE MILES OF ANY TWO OR MORE JURISDICTIONS

3 DURING THE MILEAGE BASE PERIOD MY FLEET HAD

☐ NO ACTUAL MILEAGE FOR THE IRP JURISDICTIONS LISTED BELOW AND I AGREE TO USE THE *WEST VIRGINIA AVERAGE MILEAGE CHART*. (SKIP PART 4 BELOW)

☐ ACTUAL MILEAGE IN ONE OR MORE OF THE JURISDICTIONS LISTED BELOW. (COMPLETE PART 4 BELOW)

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

	1 UNIT #	2 VEHICLE IDENTIFICATION NUMBER	3 YEAR	4 MAKE	5 VEHICLE TYPE	6 FUEL TYPE	7 PRESENT GVW	8 NEW GVW
UNIT ONE								
UNIT TWO								

7 REGISTRATION CERTIFICATION

AUTHORIZED SIGNATURE	TITLE	DATE	NOTES

REV 08/24

West Virginia Department of Transportation

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 a Full Twelve (12) months.

Registrant Information - Print Only

IRP Account Number _____ Date _____

Name of Registrant _____ Daytime Phone _____

Address _____
STREET ADDRESS

_____
CITY STATE ZIP

(X) _____ _____
SIGNATURE OF AUTHORIZED REPRESENTATIVE TITLE

REV 03/11

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

_____
CITY STATE ZIP

(X) _____ _____
SIGNATURE OF REGISTRANT TITLE

IRP

FOR DMV USE ONLY
CLASS _____
NUMBER _____
EXP. DATE _____

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.

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

Make _____ Year _____ V.I.N. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Style of Body _____ Trucks Requested Weight (GVW) _____ Title Brand ☐ *Salvage* ☐ *Other:* _____ ☐ *Reconstructed*

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

TRADE-IN DESCRIPTION

Make _____ Year _____ V.I.N. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐ Title No. _____

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 _____ (MONTH, DAY, AND YEAR) and sold to the above name purchaser on _____ (MONTH, DAY, AND YEAR). The undersigned further certifies that the 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 _____

CITY/TOWN STATE ZIP CODE

Dealer Signature **(X)** _____

IRP

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

DMV-IRP-003 REVISED 03/18

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.**

DMV-IRP-005 REVISED 03/18

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 _____/_____/_____.

DMV-IRP-006 REVISED 03/18

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

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

CONTINUED ON BACK

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

IFTA Qualifying Registered Vehicles

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

Qualified Vehicle List						
VIN	**Plate#**	**Leased Y/N**		**VIN**	**Plate#**	**Leased Y/N**