**STATE OF WEST VIRGINIA**
**Division of Motor Vehicles, Motor Carrier Services**
**5707 MacCorkle Avenue SE**
**P.O. Box 17900**
**Charleston, WV 25317**

Name

Address

City State Zip

Account #: _____

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# RENEWAL APPLICATION FOR MOTOR CARRIER

PLEASE PRINT OR TYPE ALL INFORMATION, SEE BACK TO REQUEST A NAME OR ADDRESS CHANGE

| Federal Employer ID or Social Security Number | Owner, Partner(s) or Corporate Name (Legal Name) |
|---|---|
| | |

What type of organization is this business? Please check the appropriate box:

☐ Corporation ☐ Limited Liability Company ☐ Partnership

☐ Government ☐ Non-Profit ☐ Sole Proprietorship

| **Number of Decals:** | | x $5.00 per set | **Amount Due:** | .00 |
|---|---|---|---|---|

## INFORMATION

| | | |
|---|---|---|
| Name under which business is conducted: | | |
| Physical location (Must be a physical address) | | |
| City & State | ZIP Code | County |
| Contact person: | Telephone number | Fax number |
| WV DOT Number | | |
| Mailing Address (If different from above): | | |
| City & State | ZIP Code | County |

| | | |
|---|---|---|
| 1. Do you purchase all your fuel in West Virginia? (Check one) | ☐ YES | ☐ NO |
| 2. Is all your mileage within West Virginia? (Check one) | ☐ YES | ☐ NO |

If you answered "No" to question #2, you need to complete an IFTA application.

## Sign Application

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

(Signature of Taxpayer) (Name of Taxpayer - Type or Print) (Date) (Telephone Number) (E-mail Address)

**MAKE CHECK PAYABLE AND MAIL TO: WV DIVISION OF MOTOR VEHICLES**

**Motor Carrier Services**

**5707 MacCorkle Avenue SE**

**P.O. Box 17900**

**Charleston, WV 25317**

**Telephone (304) 926-0799 or Fax (304) 926-0797**

**For more information visit our website at: www.dmv.wv.gov**

rtL274V.8-Web

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

**Name or Address Change**

**Name:** _____

**Address:** _____
Physical location (Must be a physical address)

_____
Mailing Address (If different from above):

_____
City & State ZIP Code County

**Qualified Vehicle List** (GVWR 26,001 lbs. or Greater; All Mileage is in WV; Vehicle has 3 or More Axles Regardless of Weight)

| VIN | Plate# | Leased Y/N | VIN | Plate# | Leased Y/N |
|---|---|---|---|---|---|
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