DMV II	RP 00	01 VEHIC	CLE SCHEDULE		IR	P VEHIC	CLE REGIS	TRATION	TION FORM REV 3/2024					inia 1		West Virgi	nia IRP			PH #(304)926-0799			
	A	CCOUNT #	FLEET #	SUPPLEMENTAL #		#	REG YEAR	NEW OR EXISTING ACCOUNT?					- (	VALUE OF	5707 MacCorkl PO Box 17900	5707 MacCorkle Avenue, SE PO Box 17900 Charleston, WV 25317			Fax (304)926-0797				
1														Arginia on the move.	Charleston, W\				dmvirp@wv.gov				
REGISTRANT NAME DOING BUSINESS AS													CODE KEY					T.E.A.R.					
PHYSICA	AL AD	DRESS				MAILIN	NG ADDRES	ss				TVD	E OF OPE	TYPE OF FUE	TVDE OF FUEL			TEMPORARY EVIDENCE OF					
PHYSICAL ADDRESS MAILING ADDRESS													E OF OPE	KAIION	D- DIESEL								
l l													PRIVATE CAF	G - GAS P -PROPANE O - OTHER			APPORTIONED REGISTRATION  ACCEPTING A TEMPORARY  OPERATING PERMIT MAKES YOU  LIABLE FOR PAYMENT OF LICENSE FEES						
CITY STATE					MAILING CITY STATE						FH - F	OR HIRE											
ZIP CODE COUNTY					NAAILIN	NG ZID COD	NE .	7	ONTACT NAME	NTACT NAME			VEHICLE TYPE				FROM THE ISSUE DATE THROUGH THE						
ZIF COD	_		COONT	INIT		MAILING ZIP CODE			CONTACT NAME			BS - E		DELETIONS DESTROYED			REMAINDER OF THE LICENSE YEAR.						
													GARBAGE TE	OUT OF SERVICE SOLD / TRADED		(x)	(X)AUTHORIZED INITIALS						
ACCOUN	NT DO	DT#	ACCOUNT F.	ACCOUNT F.E.I.N #			PRIMARY PHONE			SECONDARY PHONE			TRUCK TRACTOR			(^/							
													RUCK TRAC										
												WR -	WRECKER										
				TYPE OF OPERATION			ON WHAT ARE Y			YOU HAULING				EMAIL ADD									
2	F	LEET	INFO																				
							Ш,																
2	-	CL CT	IONIC	UNIT	. YEA		MAKE			VEHICLE IDENTIFICATION NUMBER				APP	ORTIONED		TRANSACTION CODE DELETE VEHICLES						
3	L	DELET	ION2	NUMB	ER YEA	к	IVIAKE		VEHICLE IDENTIFICATION NUMBE			BEK		PLAT	E NUMBER								
	REA	ASON FOR DELE	TION	N I									ADD ADD			DD VEHICLES DD / DELETE - PLATE TRANSFER DD / DELETE - NEW PLATE							
															ADD / DELETE - NEW PL								
															CHANGE LE								
	REA	ASON FOR DELE	TION													ADDRESS CHANGE OTHER (INDICATE WHAT	NDICATE WHAT IS NEEDED DONE)						
Л		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 TO 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 I																					
4		COIVIIV	IERCIA	4L V	ЕПІС	LC I	INFC																
		VEHICLE IDENT	TIFICATION NUM	VIBER  JRCHASE DATE						UNIT#	GROSS WE	IGHT	YEA		VEHICLE TYPE		MAKE		LES	FUEL TYPE			
	1								2	2 3			4	5				7 8		8			
UNIT		EMPTY WEIGH	IT PII			PLIRCH	PURCHASE PRICE		1	EMP REG REQUESTE	 :D	ITLE NU	MRER					NAME ON TITLE O		DE VEHICLE			
	9	LIVII II WLIGII	10	MCHASE B	11		r OKCHASE PRICE		2		13		VIDEN				14	NAME ON THE OF		VEINCE			
ONE										Y N													
		VEHICLE OWN	ER PHONE NUM	PHONE NUMBER			DOT LE	ASED?	С	OMPANY LEASED TO	DOT#			NY LEASED TO	O F.E.I.N.		SAFETY RESPONSIBILITY THE REGIS				PLATE # TO TRANSFER (IF APPLIC	CABLE)	
	15					16	Ϋ́	$(N)^{1}$				1	18			19	Υ	N		20			
		VEHICLE IDEN	TIFICATION NUM						UNIT# GROSS WE		IGHT	YEA	AR	VEHICLE TYPE		MAKE	AXLES		FUEL TYPE				
UNIT TWO	1								2 3			4	5		6		7	8					
		EMPTY WEIGH		RCHASE D			IASE PRICE			TEMP REG REQUESTE	ITLE NU	MBER					NAME	ON TITLE OF V	EHICLE				
	9		10			1	2	Y N	Y N 13						14								
		VEHICLE OWN		DOT LE	ASED?	-	OMPANY LEASED TO DOT #			COMPANY LEAS		EASED TO F.E.I.N.		SAFETY RESPONSIBILITY	OR VEHICLE CHANGE DURIN		ING	PLATE # TO TRANSFER (IF APPLI	CABLE)				
	15	VEHICLE OWN	ERT HONE ROW	DEN		16		1	7	COMPANY LEASED TO DOT #		1	18 COMPANY		5 T.L	19		STRATION YEAR?		20			
							ΙY	N							_		Y	N					
		INSURANCE INFORMATION & I HERES STATE, UNDER THE PENALTY OF LAW, AND THE CODE OUTLINED IN CHAPTER 17A AND LIABILITY POLICY UPON THE VEHICLES HEREIN, IN ACCORDANCE WITH THE PROVISIONS OF THE FURTHERMORE I CLAIM THAT I AMKNOWLEDGEABLE OF THE MOTOR CARRIER SAFETY REGULATION.											WEST VIRGINIA MOTOR VEHICLE CODE.										
5	F	REGISTRATION CERTIFICATION										JAJ AND HA	DINDOOS IVIAI ERI	ALGGERIONS.	(2	(X)							
INSURANCE COMPANY POLICY NUMBER										NAIC NUMBER					IZED SIGNATURE								

**NOTES**