

DMV IRP 001	VEHICLE SCHEDULE	IRP VEHICLE REGISTRATION FORM	REV 3/2024		
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	
ZIP CODE		COUNTY		MAILING ZIP CODE		CONTACT NAME	
ACCOUNT DOT#		ACCOUNT F.E.I.N #		PRIMARY PHONE		SECONDARY PHONE	
				VEHICLE TYPE BS - BUS GG- GARBAGE TRUCK TK - TRUCK TR - TRACTOR TT - TRUCK TRACTOR WR - WRECKER		DELETIONS DESTROYED OUT OF SERVICE SOLD / TRADED	
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	
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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		20	PLATE # TO TRANSFER (IF APPLICABLE)
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		20	PLATE # TO TRANSFER (IF APPLICABLE)

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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