

MOTOR CARRIER DIVISION 555 WRIGHT WAY CARSON CITY, NV 89711-0600 (775) 684-4711 Fax (775) 684-4619 www.dmvnv.com

MOTOR CARRIER BUSINESS APPLICATION					
Section A: Licensing Information:		LICENSE YEAR: 20			
Company Name (Legal Business Name)		Account Number			
DBA (if used in this state)		Federal DOT Number			
Secretary of State - Business License Number		Federal Employer Identification Number (FEIN)			
INDICATE TYPES OF ACCOUNTS REQUIRED	INDICATE TYPE OF OI	PERATION	TION Licensing Agent Service Name:		
☐ 100% NEVADA ONLY ☐ IRP	☐ PRIVATE ☐ FOR HIRE		Licensing Agent Service Mailing Address:		
☐ IFTA☐ PERMANENT TRAILER (PTL)	RENT VEHICLES LESS T RENT VEHICLES MORE WYOMING INTRASTATE HOUSEHOLD GOODS	THAN 45 DAYS	Licensing Agent Service Email & Phone:		
Section B: General Information: Note: Licensing Agents must be registered with NV DMV					
Physical Address		City	Sta	ate Zip	
Mailing Address (If different from the physical)		City	Sta	ate Zip	
Contact Name and Title					
Contact E-Mail Address) Tolophono Number	() Contact Fax Number	
Contact E-Mail Address Contact Telephone Number Contact Fax Number Section C: Additional Information:					
1. Was the company previously registered in another jurisdiction? No: Yes: If "Yes" where?					
2. Was the company previously registered under another name? No: Yes: If "Yes" Who?					
3. Location of Records (Physical Address):					
Below please list all financially responsible owners, partners, and/or corporate officers and their titles (attach additional sheets if necessary): 4.					
1) 2)					
Principle Full Legal Name, Title & Driver's License Number			Principle Full Legal Name, Title & Driver's License Number		
Email Address & Phone of Principle Email Address & Phone of Principle					
Have you or any of your corporate officers or partners ever held a business license under a different name 5. or FEIN? No: Yes:					
If "Yes" list name, FEIN, Account #, and State:					
6. Do you maintain bulk fuel storage tanks? No: Yes: If "Yes" location: Tank Capacity					
6. Do you maintain bulk fuel storage tanks? No: Yes: If "Yes" location: If "Yes" location: In the storage tank capacity (List additional locations and tank capacities on the back)					
7. Will your company be reporting IFTA & issuing decals for vehicles that will not be registered under your company's IRP registration? No: Yes:					
If yes, please enter the number of non-Nevada Qualified Motor Vehicles: You must provide written approval from that jurisdiction(s) and copies of all IRP cab cards on qualified vehicles being consolidated in Nevada.					
NOTE: Any vehicles with mileage accrued during the reporting period and/or registered in another jurisdiction MUST be registered with actual mileage, unless otherwise approved in writing by					
the Appointing Authority or designee. Under penalty of perjury, the applicant declares that the information given is to the best of the applicant's knowledge true, accurate and complete. The applicant agrees to					
comply with reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax Agreement, the International Registration Plan, and the Nevada Revised Statutes as applicable. The applicant further agrees that the Motor Carrier Division may withhold any refunds due if the applicant is delinquent on payment of any fees due the Department or fuel taxes due to any member jurisdictions. Failure to comply with these provisions shall be grounds for revocation of license in Nevada and all member jurisdictions. The applicant agrees to maintain insurance pursuant to NRS 485.185 and 706.291 and will comply with the Motor Carrier Safety Regulations.					
Printed Full Legal Name of Principle and Title	Signature of Pr	rinciple		Date	
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