



Motor Carrier Division
555 Wright Way
Carson City, NV 89711
(775) 684-4711 ext. 1

Motor Carrier Online User Access Request

This request facilitates an applicant's ability to access the Motor Carrier Division's Registration and/or IFTA online Systems. The request conveys the necessary information to facilitate the electronic exchange of information. Once the request has been reviewed and approved, an online user ID and password will be furnished to the applicant. Access to the system is valid until terminated by the Department or is requested by the business. The applicant or Authorized Representative, must notify the Department immediately as changes occur within their company to activate or deactivate user access to the Motor Carrier System. The Department may terminate and/or lock your online user account with little or no notice.

This request shall be governed by and interpreted in accordance with the laws of the State of Nevada. To the fullest extent permitted by law, the applicant shall indemnify, hold harmless and defend, not excluding the State's right to participate, the State from and against all liability, claims, actions, damages, losses, and expenses, including, without limitation, reasonable attorneys' fees and costs, arising out of any breach of the obligations of the applicant under this request, or any alleged negligent or willful acts or omissions of the applicant, its officers, employees and agents. The applicant's obligation to indemnify the State shall apply in all cases except for claims arising solely from the State's own negligence or willful misconduct. The applicant waives any rights of subrogation against the State. The applicant's duty to defend begins when the State requests defense of any claim arising from this request.

Nevada has no grace period for payments, taxes or renewal documents. Renewal documents, tax returns, and payments must be submitted on or before the due date regardless of any maintenance to the system rendering the system unavailable.

1. Business and Contact Information:

Account Name Account Number

Mailing Address City State Zip

DBA (if used in this state) Federal Employer Identification Number (FEIN)

Contact Name Phone # Fax #

Email

The Department and the applicant wish to provide a means by which the applicant will file registration renewal forms, payments, and/or tax return filings by electronically transmitting data.

2. Filer Type:

(Check all applicable filer types)

Business Licensee

Licensing Agent

3. Authorized Users: (a minimum of two (2) users is recommended)

<i>Name</i>	<i>Add/Change/Delete</i>

4. Authorized Signature:

Certification of Authorized Signer: Under penalty of perjury, I declare that I have examined this request and any accompanying information, and to the best of my knowledge and belief it is true, correct and complete. I will comply with all the provisions of the registration and tax return filing requirements and related publications, including fraud prevention and detection guidelines for all years of participation. I understand that noncompliance may result in no longer being allowed to participate in the program. I am authorized to make and sign this statement on behalf of the business **as owner or principal**.

Printed Name of owner or principal. Date

Signature of owner or principal. Date

Mailing Address City State Zip

(_____) _____
Telephone Number Fax Number E-Mail

The application may be either mailed, faxed or emailed to following:

Department of Motor Vehicles
Motor Carrier Division
555 Wright Way
Carson City, NV 89711

Fax: (775) 684-4619