



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)

Table with 3 columns: INDICATE TYPES OF ACCOUNTS REQUIRED, INDICATE TYPE OF OPERATION, and Licensing Agent Service Name/Address/Phone.

Section B: General Information:

Note: Licensing Agents must be registered with NV DMV

Physical Address City State Zip
Mailing Address (If different from the physical) City State Zip
Contact Name and Title
Contact E-Mail Address Contact Telephone Number Contact Fax Number

Section C: Additional Information:

- 1. Was the company previously registered in another jurisdiction?
2. Was the company previously registered under another name?
3. Location of Records (Physical Address):
4. Below please list all financially responsible owners, partners, and/or corporate officers and their titles...
5. Have you or any of your corporate officers or partners ever held a business license under a different name or FEIN?
6. Do you maintain bulk fuel storage tanks?
7. Will your company be reporting IFTA & issuing decals for vehicles that will not be registered under your company's IRP registration?

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.

Printed Full Legal Name of Principle and Title Signature of Principle Date
Telephone # E-Mail Address