



MOTOR CARRIER BUSINESS APPLICATION

Section A: Licensing Information:

License Year: _____

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 OPERATION	Licensing Agent Service Name:
<input type="checkbox"/> 100% NEVADA ONLY	<input type="checkbox"/> PRIVATE	Licensing Agent Service Mailing Address:
<input type="checkbox"/> IRP	<input type="checkbox"/> FOR HIRE	Licensing Agent Service Email and Phone:
<input type="checkbox"/> IFTA	<input type="checkbox"/> RENT VEHICLES LESS THAN 45 DAYS	
<input type="checkbox"/> PERMANENT TRAILER (PTL)	<input type="checkbox"/> RENT VEHICLES MORE THAN 45 DAYS	
	<input type="checkbox"/> WYOMING INTRASTATE AUTHORITY	
	<input type="checkbox"/> HOUSEHOLD GOODS	

Section B: General Information:

Note: Licensing Agents must be registered with NV DMV

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

Section C: Additional Information:

- Was the company previously registered in another jurisdiction? No: ☐ Yes: ☐ If "Yes" Where? _____
- Was the company previously registered under another name? No: ☐ Yes: ☐ If "Yes" Who? _____
- Location of Records (Physical Address): _____
☐ Established Place of Business ☐ Residential
- Below, please list all financially responsible owners, partners, and/or corporate officers and their titles (attach additional sheets if necessary):

1. _____	2. _____
Principle Full Legal Name, Title & Driver's License Number	Principle Full Legal Name, Title & Driver's License Number
_____	_____
Email Address & Phone Number of Principle	Email Address & Phone Number of Principle
- Have you or any of your corporate officers or partners ever held a business license under a different name of FEIN? No: ☐ Yes: ☐
If "Yes" list name, FEIN, Account #, and State: _____
- Do you maintain bulk fuel storage tanks? No: ☐ Yes: ☐ If "Yes" location: _____ Tank Capacity: _____
(List additional locations and tank capacities on the back)
- 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 on 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 to the Department or fuel taxes due to any member jurisdiction. 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 Principle _____

Date _____

Telephone Number _____

E-Mail Address _____