



MOTOR CARRIER VEHICLE REGISTRATION APPLICATION CHECKLIST

(See Section C, for specific instructions)

A. General Registration Documentation Requirements

Check all that apply

1. ☐ MC011 Licensing Application Schedule: A
<https://dmv.nv.gov/pdfforms/mc011.pdf>
2. ☐ MC078 Power of Attorney Form (if a Reporting Service is indicated)
<https://dmv.nv.gov/pdfforms/mc078.pdf>
3. ☐ MC003 Vehicle Application: Schedule B
<https://dmv.nv.gov/pdfforms/mc003.pdf>
4. ☐ MC076 Registrant / Taxpayer Responsibilities
<https://dmv.nv.gov/pdfforms/mc076.pdf>
- ☐ Proof of Federal Employer Identification Number (FEIN)
- ☐ Note: All corporations and/or limited liability companies (LLCs) or sole proprietorships doing business in Nevada must be registered with the office of the Nevada Secretary of State. Information on registration requirements is available at the following link: <http://www.nvsos.gov/index.aspx?page=4>

All business entities must obtain a Business License from the Nevada Secretary of State. Information is available using the following link: <http://www.nvsos.gov/index.aspx?page=267>

5. ☐ Proof of Ownership and Insurance
 - ☐ Title (original), or copy (front & back) if perfected Title, (and lease if applicable)
 - ☐ Original VIN Inspection (if applicable)
 - ☐ NV Permanent Insurance Card
 - ☐ Proof of Sales Tax (if applicable)
6. ☐ Heavy Vehicle Use Tax (HVUT) Form 2290 (all vehicles with a GVW of 55,000 lbs. or more)
<http://www.irs.gov/pub/irs-pdf/f2290.pdf> (must have stamp from IRS or "e-file" watermark)
7. ☐ Smog Certification (if applicable)
<https://dmv.nv.gov/emission.htm>
8. ☐ RD159 Farmer Rancher Affidavit (If Applicable)
<https://dmv.nv.gov/pdfforms/vp159.pdf>
9. ☐ Copy of Principal's current driver's license
10. ☐ MC106 Online Motor Carrier Access
<https://dmv.nv.gov/pdfforms/mc106.pdf>

B. IRP Registration Documentation Requirements *(In addition to the documents specified in Section A)*

1. ☐ MC006 Mileage and Weight Application: Schedule C
<https://dmv.nv.gov/pdfforms/mc006.pdf>
 2. ☐ MC078 Power of Attorney Form requirements for IRP Registrations (In Addition to Requirements of A2.)
 3. If Consolidation for IFTA purposes is checked on application, include the following:
 - ☐ Copies of the non-Nevada Registrations
 - ☐ Authorization from the affected IFTA member (Consolidation Letter)
 - ☐ Letter of Good Standing from the IFTA Jurisdiction (if applicable)
 4. ☐ MC004 Average Per Vehicle Distance
<https://dmv.nv.gov/pdfforms/mc004.pdf>
 5. ☐ MC040 IRP Registration Certification
<https://dmv.nv.gov/pdfforms/mc040.pdf>
 6. ☐ Active DOT # must be provided (if leasing onto another carriers authority, a VIN specific letter from that carrier listing the DOT # as well as a copy of the lease agreement is required)
 7. ☐ 3 Separate Proofs of Residency (Cannot be a wireless bill / Must be a Physical Nevada Address / a “drop box” or “virtual office” is not a proof of residency)
-

C. Motor Carrier Vehicle Registration Application Checklist Instructions

Section A: General Registration Documentation Requirements:

The “General Registration Documentation Requirements” checklist shall be used by the Motor Carrier Division for all Motor Carrier Vehicle registrations which include 100% Nevada Only and International Registration Plan (IRP).

As appropriate, this checklist may also accompany the “Additional IRP Registration Documentation” checklist for apportioned registrations (Sec B)

For access to listings of all corporations and limited liability companies registered with the Nevada Secretary of State’s office please access the following link:

<http://nvsos.gov/sosentitysearch/>

Section B: Additional IRP Registration Documentation Requirements:

The “Additional IRP Registration Documentation Requirements” checklist shall be used by the Motor Carrier Division when issuing an apportioned registration. This checklist shall also be used to verify the carrier is not relocating from another jurisdiction into Nevada. Carriers relocating to Nevada are not permitted to estimate mileage on their IRP application. If actual mileage from a previous jurisdiction is available it must be used to correctly calculate jurisdictional fees.

Note: All forms are available on Motor Carrier's website: dmv.nv.gov/mcforms.htm

Applicant: please print your full legal name, title, sign, and date.

Printed Full Legal Name and Title

Signature

Date

For Office Use Only

- ☐ Previous Account Entries (Verify Applicant Has Not Had a Previous Account)
- ☐ IRP Clearinghouse (Previous Account)
- ☐ IFTA Clearinghouse (Previous Account)
- 1)** If a previous account is found, reopen the account using the same account number.
- 2)** If the account was from out-of-state, open using a new account number.

By signing in the space provided below, I certify that I have reviewed and verified all of the above documentation.

*DMV Employee's Printed Name and/or
DMV employee Application ID Number*

DMV Employee's Signature

Date



MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711
fax (775) 684-4619
dmv.nv.gov

ATTENTION IRP CARRIERS

To ensure compliance with Federal Motor Carrier Safety **Administration Regulation 390.19**, all **IRP Carriers must provide a United States Department of Transportation (USDOT) number to the Department of Motor Vehicles for all fleet vehicles.**

For information on obtaining a number you must visit the Federal Motor Carrier Safety Administration's website at www.fmcsa.dot.gov or by calling 1 (800) 832-5660 option 1.

Your renewal will not be processed and may be returned if you have not supplied the USDOT number to the Department of Motor Vehicles.



MOTOR CARRIER DIVISION
555 Wright Way
Carson City, NV 89711
(775) 684-4711
mctlc@dmv.nv.gov
dmv.nv.gov

IRP FLEETS

ACCEPTED DOCUMENTS FOR ESTABLISHED PLACE OF BUSINESS AND NEVADA RESIDENCY

Proof of Physical Address

To open an IRP (International Registration Plan) account, you first must meet the Established Place of Business and Residency requirements. You must provide at least three (3) proofs of a physical Nevada address. Documents must show the legal business name, physical address, state the "service address"; and when presenting a utility bill; it should be current.

Applicants must have at least three (3) of the following required proofs to satisfy **IRP The Plan 305 c**. Documents are subject to verification by the Department before they will be accepted. Below is a list of eligible documents to be used for proof of address:

- Principal / owner is a resident of Nevada and has a driver's license issued by Nevada.
- Applicant's federal income tax returns have been filed from an address in Nevada.
- Proof of payment of real estate or personal property taxes to Nevada in applicant's name and address.
- Utility Bills in Nevada in a name of applicant and must show service locations. Wireless service bills are not accepted.

If the applicant cannot provide three (3) forms of proof of residency from above, the list below may be used to meet one (1) of the three (3) proofs required to satisfy **IRP 305 c ix**. However, the list below is not a guarantee of document acceptance. All documents are subject to approval by the Department and must clearly contain a verifiable, physical address to be considered. Other documents not listed, may be considered for address verification, based on supervisor approval.

- Court Documents
- Military Leave & Earnings Statement (LES)
- Mortgage and or Deed Documents
- Paycheck or Paystub that is printed and not handwritten
- Concealed/Carry Permit for a firearm.
- Voter Registration Card showing applicants' name and address.
- Applicant has a vehicle titled in Nevada in their name.

This list does not guarantee acceptance of documents. All documents are subject to approval by the department.



IRS Form 2290

The July 2021 revision of Form 2290 is for the tax period beginning on July 1, 2021, and ending on June 30, 2022. Don't use this revision if you need to file a return for a tax period that began on or before June 30, 2021. To obtain a copy of Form 2290 or any of its prior revisions, as well as separate instructions, visit www.irs.gov/Form2290.



Sole Proprietor and General Partnership

1. Type of license filing:	Check the action being taken with this filing: ☐ Registration ☐ Renewal ☐ Amendment ☐ Cancellation (If amending a license, please mark the appropriate section below to be changed.) Type of State Business License being filed: ☐ Sole Proprietor ☐ General Partnership	Changes:
2. Name of Applicant, Member, Owner or Partner:	 First Name Middle Initial Last Name Suffix Additional Partner or Spouse (if spouse is to be listed on license - sole proprietor only) First Name Middle Initial Last Name Suffix I declare under penalty of perjury that the information provided is true, correct and complete to the best of my knowledge and belief and acknowledge that pursuant to NRS 239.330, it is a category C felony to knowingly offer any false or forged instrument for filing in the Office of the Secretary of State. I understand that this is the name that will be listed as the sole proprietor on the State Business License. X Signature of Applicant, Member, Owner or Partner Date Title X Signature of Partner or Spouse Date Title	☐ ☐
3. Nevada Business ID number: (Required if renewing, amending or canceling)	Nevada Business Identification Number (NVID) located on the State Business License: 	
4. Transacting business name(s): (Required for Partnership license. Sole proprietor optional)	Name under which applicant transacts or intends to transact business: 	☐
5. Business Address:	 Physical Street Address (required) City State Zip/Postal Code Country Mailing Address (only if different from above) City State Zip/Postal Code Country	☐
6. Additional contact information:	Email address: Phone number:	☐



FRANCISCO V. AGUILAR
Secretary of State
401 North Carson Street
Carson City, Nevada 89701-4201
(775) 684-5708
Website: www.nvsos.gov

ePayment Checklist

All major credit cards are accepted. For security purposes, please do NOT email this authorization form. Email is NOT a secure form of transmittal to protect your card information.

Processing Requested:

- ☐ **Regular** ☐ **24-HOUR Expedite** ☐ **4-HOUR Expedite (Apostille only)**
☐ **2-HOUR Expedite** ☐ **1-HOUR Expedite** ☐ **Same Day (Domestic Partnership only)**

Order Information (required)

Entity Name/Order Reference: _____

Cardholder Name (as shown on credit card): _____

Billing Street Address: _____

City: _____ State: _____ Zip: _____

Contact Phone Number: _____

Last 4 Digits of Credit Card: _____ Card Type: ☐ VISA ☐ MasterCard ☐ Amex ☐ Discover

Authorized to Charge: _____

By signing this form, I understand that there will be a non-refundable credit card payment processing fee of 2.5% added to the total amount of the transaction. I understand if I do not wish to pay the credit card processing fee, I can either mail a check, or pay in person by cash, check, or money order. I certify that I am the cardholder and responsible for this payment in accordance with the issuing bank cardholder agreement. I further understand that I am responsible for any penalty fees that may be incurred if the credit card company denies my credit card payment.

Authorized Signature

X _____ Date: _____

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Credit Card Number: _____
2. Expiration Date: _____
3. Security Code*: _____
*3-digit number found on the far right of the backside of VISA, MasterCard and Discover cards
4-digit number found on the front right side of American Express card.

All 3 fields **MUST** be completed!
This section will be destroyed after the payment is processed.



INSTRUCTIONS FOR COMPLETING APPLICATIONS

The Licensing Application (Schedule A) and Vehicle Application (Schedule B) provide information regarding your Motor Carrier licensing needs. These forms were designed to provide one application to file for Registration, IFTA Fuel Licensing, Special Mobile Equipment identification and Intrastate Commerce Authority. Use additional pages if needed. You may copy these forms as needed or print them from our website. New accounts must complete both applications. Equipment changes such as: additions, deletions, or changes must be completed on the Vehicle Application – Schedule B.

GENERAL INFORMATION

Registration: these applications can be used for Nevada based IRP registrations and Nevada based intrastate registrations. For further details on IRP registration, please access the following link for the IRP website:

[The International Registration Plan \(IRP\)](#)

For Nevada based intrastate registrations please include the following documents as required:

- ☐ Proof of ownership (Dealer Report of Sale (DRS), copy of current registration, title, or the security agreement) in the name of the registrant.
- ☐ If proof of ownership is an out of state title, an original VIN inspection is required.
- ☐ If the vehicle is leased, a copy of the lease agreement is required.
- ☐ Evidence of Nevada insurance card for all motor vehicles. Must show policy #, beginning and ending date, have VIN or state Fleet Insured and the name on the card must match the registrant's name.
- ☐ Proof of payment of federal heavy vehicle use tax (HVUT Form 2290) in the form of a copy of the IRS receipted Schedule 1 or a copy of the Schedule 1 with a photocopy of the front and back of the cancelled check for all motor vehicles with a combined gross weight of 55,000 lbs. or greater, regardless of the registered weight. The IRS allows a 60-day grace period from date of sale to obtain the 2290. A copy of the bill of sale will be accepted in lieu of the 2290. The 2290 will be required upon renewal of the registration.

IFTA Fuel Licensing: these applications can be used for Nevada based IFTA registrations. See the IFTA website linked below for further details on IFTA licensing:

[International Fuel Tax Agreement \(IFTA\)](#)

Motor vehicles with a declared gross weight in excess of 26,000 lbs, using special fuels (diesel, kerosene, LPG, CNG & A55) and leaving the state are required to have an IFTA License and report their activity on a quarterly basis to the Department.

Please Note: Effective January 1, 2010, a special fuel license will not be required for 100% Nevada only Intrastate carriers. For further information, please contact the Motor Carrier Division of the Department of Motor Vehicles.

Special Mobile Equipment (SME): this type of equipment is exempt from registration pursuant to Nevada Revised Statute 482.210.1(a). A business entity may apply for identification documents using the Licensing and Vehicle Applications. If the SME equipment is to be used in interstate operations, contact the state(s) in which travel will be conducted to obtain information on registration and/or fuel licensing requirements. The Department will issue IRP and IFTA credentials if required by the foreign jurisdiction.

Intrastate Commerce Authority: The Department is responsible for regulating the activities of common and contract carriers of property other than fully regulated carriers. Applicable statutes can be found in Chapter 706 of the Nevada Revised Statutes. Specific sections include: NRS 706.169, 706.186, 706.291, 706.437, 706.438, 706.439 and 706.4395. General insurance limits are \$750,000 for bodily injury to or the death of one person, \$750,000 for bodily injury to or death of all persons injured or killed in any one accident and \$750,000 (NAC 706.191) for the loss of or damage to the property of others, excluding cargo, in any one accident. Limits are greater for carriers authorized to transport hazardous substances, oil, Class A or Class B explosives, poisonous gas or radioactive materials and can be found listed under Nevada Administrative Code 706.288.

You do not need written authority if any of the following conditions apply:

- Your vehicles have Apportioned Plates.
- Your vehicles are used as tow cars (apply to Transportation Services Authority).
- You are a fully regulated carrier (apply to Transportation Services Authority). "Fully regulated carrier" means a common carrier or contract carrier of passengers or household goods who is required to obtain from the commission a certificate of public convenience and necessity, or a contract carrier's permit and whose rates, routes and services are subject to regulation by the commission.

Transportation Services Authority (TSA) is located at 2290 S. Jones Boulevard, Suite 110, Las Vegas, NV 89146, PH (702) 486-3303, FAX (702) 486-2590, and website: <http://www.state.nv.us/b&i/tsa>.

To obtain written authority, please complete the Licensing Application and send the following documents as applicable:

- ☐ Accord/Certificate of Insurance
- ☐ Copies of Hazardous Materials Permit if applicable
- ☐ Vehicle ID numbers and Nevada License Plate numbers
- ☐ Terminal addresses

LICENSING APPLICATION INSTRUCTIONS: SCHEDULE A

The Licensing Application is separated into three sections. The first section (section A), requests the applicant detail the business information, type of licensing required, type of operation the business maintains, the type of application being submitted and payment option. Section B, is specific to general information, while Section C requests additional information regarding the applicant's business operation.

Instructions for completing Section A (Licensing Information):

1. Complete the licensing year of the application, business information and licensing information.
2. Enter the legal business name as registered with the Secretary of State's office, if incorporated.
3. Enter your Motor Carrier Account Number
4. Enter your business license number.
5. Enter your Federal DOT #, if applicable. A Federal DOT # is required by all motor vehicles in excess of 10,000 lbs. traveling in interstate operations.
6. Enter a Doing Business As (DBA) if used in the State of Nevada if applicable.
7. Enter your Federal Employer Identification Number (FEIN). This number is required by all businesses.
8. Enter the principal's address.
9. Check the appropriate boxes under Types of Licensing Required, Type of Operation, Type of Application and Payment Option.

Instructions for completing Section B (General Information):

1. Enter the physical address of the business, not a PO Box. For IRP and IFTA credentials, this must be a Nevada address.
2. Enter the mailing address of the business if different from the physical address.
3. Enter the contact/principal's full legal name and title.
4. Enter the contact/principal's address.

5. Enter the contact principal's driver's license number. Note: If the principal's driver's license was not issued by the State of Nevada, please remit a photocopy of the license with this application to the Motor Carrier Division.
6. Enter the phone number, e-mail address and fax number of the contact person including the area codes.
Please Note: If using a tax preparation service, please include a notarized Power of Attorney (POA), available on the Motor Carrier forms website at the following link: [MC078-Power of Attorney Form](#)

Instructions for completing Section C (Additional Information):

1. Indicate whether or not this carrier was previously registered in another jurisdiction.
2. Indicate the physical address of where the records for the carrier are maintained.
3. List all owners, partners, or corporate officers and their titles. Attach additional sheets if necessary.
4. Indicate whether you or any corporate officers have held a license under a different name or FEIN. If "yes," list the FEIN, account number and State.
5. Indicate if you maintain bulk fuel storage tanks. If you maintain bulk fuel storage tanks, list the locations and capacity of the tanks. If more space is required, additional locations and tank capacities may also be listed on the back of the application.
6. Using the check boxes, indicate if you sell fuel in the State of Nevada and the types of fuel sold.
7. Indicate the number of IFTA qualified motor vehicles registered with the State of Nevada and/or based in other jurisdictions. Indicate if you are consolidating qualified motor vehicles with your Nevada IFTA qualified motor vehicles. You must provide written approval from the other IFTA jurisdiction(s) and copies of all IRP cab cards on qualified motor vehicles being consolidated in Nevada.
8. Enter the name of a reporting service, if applicable.
Enter the address for the reporting service, if applicable.
Enter the city, state, and zip code of the reporting service, if applicable.
Enter the phone and fax number including area codes of the reporting service, if applicable.

VEHICLE APPLICATION INSTRUCTIONS: SCHEDULE B

Enter the License Year, Motor Carrier account number, fleet number, legal name and address.

1. TRANS CODE = transaction code. Enter the code applicable from the table on the top of the page. (Give a change or deleted reason: lost plate, adding state(s), vehicle no longer in service, etc.)
2. NEVADA COUNTY; enter the county where the vehicle is based.
3. PLATE #; enter the previous plate number issued to the vehicle if known.
4. OPERATOR'S VEHICLE #, enter the unit or identification number issued to vehicle by the registrant.
5. YEAR AND MAKE; enter the model year and make of the vehicle.
6. SERIAL OR VIN #, enter the complete serial number or vehicle identification number (VIN) of the vehicle as listed on the title. This must match the VIN inspection and insurance documents.
7. VEHICLE TYPE; enter the code applicable from the table on the top of the page.
8. FUEL TYPE; enter the code applicable from the table on the top of the page.
9. # OF AXLES/SEATS; enter the number of axles on the individual unit. Enter the number of seats for buses.

10. # OF COMBINED AXLES.
11. UNLADEN WEIGHT; enter the empty weight of the individual unit.
12. COMBINED DECLARED GROSS WEIGHT; power units - enter the combined or gross weight for which the vehicle will be licensed. Trailer units - enter the gross weight carried on the trailer only.
13. ACTUAL PURCHASE PRICE; enter the purchase price of the vehicle before trade-in or interest.
14. ORIGINAL PURCHASE PRICE OR FACTORY; enter the original purchase cost of the vehicle, if known, or enter the factory or manufacturers suggested retail price.
15. PURCHASE DATE; enter the month, day and year the vehicle was purchased by the registering company.
16. LEASE DATE; enter the month, day and year the vehicle was leased, if applicable.
17. LESSOR; enter the legal owners name, if different from the registering company.
18. STATE TITLED; enter the state the vehicle is or will be titled in.

Indicate the number of IFTA decals needed, if applicable. IFTA decals are required on all qualified motor vehicles traveling in two or more IFTA jurisdictions.

Please Note: One set consisting of two individual IFTA decals shall be issued per license.



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:
☐ 100% NEVADA ONLY	☐ PRIVATE	Licensing Agent Service Mailing Address:
☐ IRP	☐ FOR HIRE	Licensing Agent Service Email and Phone:
☐ IFTA	☐ RENT VEHICLES LESS THAN 45 DAYS	
☐ PERMANENT TRAILER (PTL)	☐ RENT VEHICLES MORE THAN 45 DAYS	
	☐ WYOMING INTRASTATE AUTHORITY	
	☐ 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. _____ Principle Full Legal Name, Title & Driver's License Number	2. _____ 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 _____



Vehicle Application: Schedule B

Registration Start Date: _____

Account # _____ Fleet # _____

Legal Business Name _____

Mailing Address _____
Street City State Zip Code

Trans Code	Vehicle Type	Fuel Type
A - Add	TK - Truck	D - Diesel
D - Delete	TR - Tractor	G - Gasoline
C - Change	BS - Bus	P - Propane
T - Transfer	CR - Crane	E - Electric
E - Exchange	ST - Semi Trailer	H - Hybrid
-	FT - Full Trailer	O - Other

Fleet Type: ☐ IRP/FTA ☐ NV Only ☐ Permanent Trailer ☐ Tow/Wrecker

*MCRS= Motor Carrier Responsible for Safety

Columns 1-10 below must be completed for each line #

*Weight Exceptions: Attach the Schedule C

Line #	1 Trans Code	2 Nevada County	3 Zip Code	4 Unit #	5 Plate #	6 Serial or Vin #	7 Vehicle Type	8 # of Axles/Seats on Vehicle	9 # of Axles on Trailer	10 Unladen Weight
1										
2										
3										

Continued from above: Columns 11-19 below must be completed for each line #

Line #	11 Combined Gross Weight	12 Odometer (NV only)	13 Fuel Type	14 Purchase Price	15 Purchase/Lease Date	16 Name of Lessor	17 USDOT # for MCRS	18 FEIN for MCRS	19 Weight Exception(s)
1									Y ☐ or N ☐
2									Y ☐ or N ☐
3									Y ☐ or N ☐

UNDER PENALTIES 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. 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 JURISDICTIONS. FAILURE TO COMPLY WITH THESE PROVISIONS SHALL BE GROUNDS FOR REVOCATION OF LICENSE IN NEVADA AND ALL MEMBER JURISDICTIONS. THE APPLICANT UNDERSTANDS AND AGREES TO COMPLY WITH THE HAZARDOUS MATERIAL AND MOTOR CARRIER SAFETY REGULATIONS. THE APPLICANT AGREES TO MAINTAIN INSURANCE PURSUANT TO **NRS 485.185** AND **706.291** AND WILL COMPLY WITH THE MOTOR CARRIER SAFETY REGULATIONS.

Print Full Legal Name and Title _____

Signature _____

Date _____

Phone Number _____



REGISTRANT / TAXPAYER RESPONSIBILITIES

All Nevada Motor Carrier registrants must complete this document with all new applications and renewals. Failure to do so may result in a delay of processing. All registrants must maintain operational records used to complete the registration renewal and/or IFTA tax return for a minimum of four (4) years from the date the document was submitted. These records must be used to support the total on and off road miles traveled AND fuel purchased for each vehicle in each jurisdiction. Operational records include original source documents such as individual driver's trip sheets with daily odometer readings/routes traveled, summary reports by unit, DOT logbooks and fuel receipts. Records must be suitable for verification of total fleet mileage and fuel purchased as reported on the registrant's renewal and/or quarterly fuel tax returns. Refer to IRP www.irponline.org & IFTA www.iftach.org for additional information. **By signing below, the registrant/taxpayer certifies they have read and understand the following:**

- ❖ Operational records and fuel receipts must be maintained and summarized monthly for each individual vehicle to track all miles traveled, and confirm fuel gallons purchased, even if the vehicle does not leave the State of Nevada. Records must be preserved for four (4) years and include actual odometer readings and routes of travel driven.
- ❖ Copies of logbook records may be requested when claiming a fuel tax refund.
- ❖ Odometer readings on each vehicle must be documented daily and used to calculate total miles traveled in each jurisdiction. The use of distance software to calculate jurisdictional travel is only acceptable if the routes actually traveled by the unit are used to calculate the total distance and are reconciled back to the odometer prior to filing the renewal or tax return. A hub-odometer must be installed if the vehicle does not have an odometer to provide mileage traveled.
- ❖ IFTA fuel tax returns reporting actual miles traveled and total fuel gallons purchased in each jurisdiction are due each quarter. IFTA fuel tax returns submitted by a registrant claiming zero mileage must include an explanation for the zero mileage. **(Miles and gallons must be rounded to the nearest whole number.)**
- ❖ If IFTA fuel tax returns are not filed timely or records are not maintained for four (4) years, fines of up to \$2,500.00 per violation may be assessed.
- ❖ IFTA quarterly fuel tax returns are no longer mailed by the Department. The registrant may contact the Motor Carrier Division at the above telephone number or log on to our website at dmv.nv.gov/mcforms.htm to obtain the specified form and current fuel tax matrix for the quarter.
- ❖ Refund credit for off-road miles traveled cannot be claimed in some states. Contact those jurisdictions directly for more information. Nevada off road miles must be claimed on form MC45.
- ❖ All accounts registered with the Department are subject to audit.
- ❖ All carriers based in Nevada must also be registered with the Nevada Secretary of State. Proof of such registration may be required.
- ❖ Vehicle license plates, cab card(s), and fuel license(s) must be surrendered to the DMV, Motor Carrier Division, when a vehicle is sold or is non-operational. Failure to return license plates and cab card(s) may result in additional fees due. ***Do not sell your vehicle(s) without removing the credentials first.***

Signature of Registrant/Taxpayer (Required)

Date (Required)

Printed Full Legal Name and Title (Required)

Phone (Required)

Motor Carrier Account Number (Required)

E-mail Address (Optional)



MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711
Fax (775) 684-4619
dmv.nv.gov

MILEAGE AND WEIGHT APPLICATION: SCHEDULE C

ACCOUNT # _____ FLEET # _____

FULL LEGAL NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

☐ Check here for address change

LICENSE YEAR _____

Actual miles operated by the fleet in the requested jurisdictions during the preceding year must be declared when establishing, adding to, or renewing an apportioned fleet. The preceding year means the period of twelve consecutive months immediately prior to July 1 of the year immediately preceding the commencement of the registration or license year for which apportioned registration is sought. If estimated mileage is shown, complete the MC004 Nevada IRP Estimated Mileage Formula and submit with this form. Applications will be returned if required information is not present.

Note: Jurisdictions which have not been selected or containing incomplete information will not be prorated.

LIST MILEAGE AND WEIGHT FOR EACH JURISDICTION FOR WHICH APPORTIONED REGISTRATION IS SOUGHT:
INDICATE "A" ACTUAL OR "E" ESTIMATED FOR MILES LISTED
INDICATE "Y" (YES) OR "N" (NO) FOR THE IRP JURISDICTIONS WITH WHOM YOU DESIRE THIS FLEET TO BE REGISTERED.

If reporting estimated mileage, please refer to Schedule G (if you have a business plan/contract) or estimated mileage method 2 (form MC004).

Please Note: All miles must be multiplied by the number of vehicles

A/E	JURISDICTION	Y/N	MILEAGE	WEIGHT	A/E	JURISDICTION	Y/N	MILEAGE	WEIGHT	A/E	JURISDICTION	Y/N	MILEAGE	WEIGHT	A/E	JURISDICTION	Y/N	MILEAGE	WEIGHT
	NV – NEVADA					IN – INDIANA					NE – NEBRASKA					SD – SOUTH DAKOTA			
	AB – ALBERTA					KS – KANSAS					NH – NEW HAMPSHIRE					SK – SASKATCHEWAN			
	AL – ALABAMA					KY – KENTUCKY					NJ – NEW JERSEY					TN – TENNESSEE			
	AR – ARKANSAS					LA - LOUISIANA					NL- NEW FOUNDLAND					TX – TEXAS			
	AZ – ARIZONA					MA - MASSACHUSETTS					NM – NEW MEXICO					UT – UTAH			
	BC – BRITISH COLUMBIA					MB – MANITOBA					NS – NOVA SCOTIA					VA – VIRGINIA			
	CA – CALIFORNIA					MD – MARYLAND					NY – NEW YORK					VT – VERMONT			
	CO – COLORADO					ME – MAINE					OH – OHIO					WA – WASHINGTON			
	CT – CONNECTICUT					MI – MICHIGAN					OK – OKLAHOMA					WI – WISCONSIN			
	DC – DIST OF COLUMBIA					MN – MINNESOTA					ON – ONTARIO					WV – WEST VIRGINA			
	DE – DELAWARE					MO – MISSOURI					OR – OREGON					WY – WYOMING			
	FL – FLORIDA					MS – MISSISSIPPI					PA – PENNSYLVANIA					AK – ALASKA			
	GA – GEORGIA					MT – MONTANA					PE – PRINCE EDWARD ISL					MX – MEXICO			
	IA – IOWA					NB – NEW BRUNSWICK					QC – QUEBEC					NT – NW TERRITORY			
	ID – IDAHO					NC – NORTH CAROLINA					RI – RHODE ISLAND					YT – YUKON			
	IL - ILLINOIS					ND – NORTH DAKOTA					SC – SOUTH CAROLINA					TOTAL MILES:			

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 AND THE NEVADA REVISED STATUTES. 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 COMPLY WITH THE MOTOR CARRIER SAFETY REGULATIONS.

SIGNATURE _____ TITLE _____ DATE _____ TELEPHONE # () _____



IRP REGISTRATION CERTIFICATION

This form must be completed prior to International Registration Plan (IRP) Registration or Renewal. If you answer no to any of the questions below, an explanation must be provided. Please answer the following questions about the physical structure of your business. If this is a home business, please answer about your home.

1. Is the physical structure of the "established place of business" located within the base jurisdiction of Nevada owned, leased, or rented by the fleet registrant? A drop box or virtual office does not qualify as an established place of business.

☐ Yes ☐ No

If no, please explain: _____

2. Does the physical structure have a designated street number or road location?

☐ Yes ☐ No

If no, please explain: _____

3. Is this location open during normal business hours? (Monday-Friday 8 a.m.to 5 p.m.)

☐ Yes ☐ No

If no, please explain: _____

4. Does the location have telephone(s) publicly listed in the name of the fleet registrant, supported by a Nevada telephone company's billing records? (The applicant or registrant need not have land line telephone service)

☐ Yes ☐ No

If no, please explain: _____

5. Is there any person(s) conducting the fleet registrant's business in the location during normal business hours?

☐ Yes ☐ No

If no, please explain: _____

6. Are the operational records of the fleet located at this location?

☐ Yes ☐ No

If no, please explain: _____

7. If not, can the operational records be made available at the Nevada location in the event of an audit?

☐ Yes ☐ No

If no, please explain: _____

Note: If not, the registrant must pay all costs of travel and per diem expenses in accordance with the IRP Plan, Section 1602.

The registrant/taxpayer certifies they have read and understand all rules and record keeping requirements. Please visit the following websites:

<https://www.iftach.org>

<https://www.irponline.org/default.aspx>

<https://dmv.nv.gov/mcforms.htm>

Under penalties of perjury, the applicant declares that the information given is to the best of the applicant's knowledge, true, accurate and complete. The applicant understands that in the event the established place of business is proven to be outside the State of Nevada, the registrant will be suspended, and fees will not be refunded. The applicant agrees to comply with the Federal Motor Carrier Safety Regulations, reporting, payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement, International Registration Plan, **NRS 366, 371, 482 & 706** and **NAC 366, 482 & 706**. The applicant further agrees that the Motor Carrier Division may withhold any refunds due if the applicant is delinquent on payment of any fees or taxes due the department or any other member jurisdiction. The applicant has and will maintain insurance coverage on all motor vehicles per **NRS 485,185**. Failure to comply with these provisions may be grounds for revocation of fuel license and registration in Nevada and all other member jurisdictions.

Please print or type

Account Number: _____ Company Name: _____

Company Address: _____
City State Zip Code

Signature of Registrant/Taxpayer (Required): _____ Date: _____

Printed Name and Title (Required): _____

Phone number (Required): _____ Email address (Required): _____



Motor Carrier Division
555 Wright Way
Carson City, Nevada 89711
Telephone (775) 684-4711 Ext. 1
dmv.nv.gov
MCTLC@DMV.NV.GOV

Online Motor Carrier Access

If you would like to be issued a user ID, please complete the below information and submit to a Motor Carrier office. You may request to have multiple users set up but each will receive a separate user ID and must have a separate email address. Attach additional sheets if necessary.

Third Party Companies must register as Nevada Motor Carrier licensing agencies, access to multiple accounts will not be allowed unless this is completed.

Once the user ID has been created, an email will be sent with the web link and ID. A second email will be sent containing a temporary password.

Account Name: _____

Account Number: _____ FEIN Number: _____

1. First and Last Name: _____

Phone Number: _____

Email Address: _____

Address: _____

Signature of Requester: _____

Access Requested:

☐ IFTA Fuel Tax

☐ Registration

2. First and Last Name: _____

Phone Number: _____

Email Address: _____

Address: _____

Signature of Requester: _____

Access Requested:

☐ IFTA Fuel Tax

☐ Registration



Motor Carrier Division
555 Wright Way
Carson City, NV 89711
(775) 684-4711
mctlc@dmv.nv.gov
dmv.nv.gov

ACCOUNT INFORMATION VERIFICATION

Please complete this form to ensure we have the most current and complete information on your account. Please also include copies of **all** contacts driver's licenses.

Business Information

Account #: _____ Fleet #: _____ FEIN#: _____ US DOT#: _____
Legal Business Name: _____ Doing Business As: _____

Address Information

Mailing Address: _____
Street City State Zip Code
Physical Address: _____
Street City State Zip Code

Primary/Principal/Business Contact Information – Financial and/or Change to Account

Name: _____ Title: _____
Primary Phone: _____ Cell Phone: _____ Email: _____
Driver's License #: _____ State of Issue: _____ Date of Birth: _____

Name: _____ Title: _____
Primary Phone: _____ Cell Phone: _____ Email: _____
Driver's License #: _____ State of Issue: _____ Date of Birth: _____

Name: _____ Title: _____
Primary Phone: _____ Cell Phone: _____ Email: _____
Driver's License #: _____ State of Issue: _____ Date of Birth: _____

Other Account Contact Information

Name: _____ Title: _____
Primary Phone: _____ Cell Phone: _____ Email: _____
Driver's License #: _____ State of Issue: _____ Date of Birth: _____

Name: _____ Title: _____
Primary Phone: _____ Cell Phone: _____ Email: _____
Driver's License #: _____ State of Issue: _____ Date of Birth: _____

Name: _____ Title: _____
Primary Phone: _____ Cell Phone: _____ Email: _____
Driver's License #: _____ State of Issue: _____ Date of Birth: _____

Updated by: (Must be Principal or Owner)

Printed Name: _____ **Signature:** _____ **Date:** _____