



Motor Carrier Division  
555 Wright Way  
Carson City, NV 89711  
(775) 684-4711  
[mctlc@dmv.nv.gov](mailto:mctlc@dmv.nv.gov)  
[dmv.nv.gov](http://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:** \_\_\_\_\_