



VIRGINIAMCS USER MAINTENANCE APPLICATION TO ADD OR DELETE USERS

MCTS 482 (06-08-2023)

Purpose: Carrier or agents use this form to add or delete users from DMV's Electronic Service for IRP and IFTA (VirginiaMCS).

Instructions: Complete applicable sections and return to Motor Carrier Services by fax at (804) 367-1073 or email at iftairp@dmv.virginia.gov.

BUSINESS INFORMATION			
BUSINESS NAME			FEIN/SSN/TIN
BUSINESS ADDRESS	CITY	STATE	ZIP CODE

ADD CUSTOMER TO EXISTING USER	
Complete the following information to add an additional customer record to the existing VirginiaMCS user ID. This request will only be approved upon confirmation of employment and is not to be used by Agents.	
<input type="checkbox"/> USER'S FULL NAME	VIRGINIAMCS USER ID
CUSTOMER RECORD BUSINESS NAME	CUSTOMER RECORD FEIN/SSN/TIN
<input type="checkbox"/> USER'S FULL NAME	VIRGINIAMCS USER ID
CUSTOMER RECORD BUSINESS NAME	CUSTOMER RECORD FEIN/SSN/TIN
<input type="checkbox"/> USER'S FULL NAME	VIRGINIAMCS USER ID
CUSTOMER RECORD BUSINESS NAME	CUSTOMER RECORD FEIN/SSN/TIN

DELETE USER(S)	
Complete the following information when employees leave your company or are no longer responsible for processing DMV transactions through VirginiaMCS. These employees' VirginiaMCS user IDs must be deleted.	
EMPLOYEE FULL NAME (first, middle, last)	VirginiaMCS USER ID

ADD USER (AGENTS ONLY)		
To ensure your request is promptly completed, provide the following information:		
EMPLOYEE FULL NAME (first, middle, last)	EMAIL ADDRESS	TELEPHONE NUMBER

AGENT TO CARRIER AGREEMENT TERMINATION		
Use this section to terminate the binding agreement between DMV and the carrier appointing a specific agent to have record access and conduct transactions.		
CARRIER LEGAL NAME	CARRIER IFTA AND/OR IRP ACCOUNT NUMBER	AGENT LEGAL NAME TO REMOVE

AUTHORIZATION AND CERTIFICATION		
I authorize the above noted user(s) to be added to or deleted from the DMV VirginiaMCS system.		
I also certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.		
AUTHORIZED NAME OF PERSON TO SIGN (must be owner/officer)	TELEPHONE NUMBER	FAX NUMBER
TITLE OF AUTHORIZED PERSON TO SIGN	EMAIL ADDRESS	
AUTHORIZED SIGNATURE (must be owner/officer)	DATE (mm/dd/yyyy)	