

ZONING COMPLIANCE

Purpose: Use this form to verify that your business is being operated from a properly zoned address.

Instructions: Send completed form to Motor Carrier Services at the address above.

IMPORTANT INFORMATION

You are receiving this Zoning Compliance form from DMV Motor Carrier Services because you have either changed your business address previously filed with this office, or we have received information indicating that the business is no longer located at the address previously provided.

In order to confirm compliance with the established place of business requirements set forth in Virginia Code 46.2-2011.11, it will be necessary for you to provide the information requested below. Failure to provide this information by the response date listed below will lead to the suspension and subsequent **revocation** of your operating authority certificate or license. If your new business address does not satisfy all applicable local zoning regulations, the certificate or license will remain suspended. If your certificate or license is suspended, you will be required to submit to DMV a \$50.00 reinstatement fee. If your certificate or license is revoked and you still intend to provide or arrange passenger transportation, you will be required to re-apply for the certificate or license fulfilling all requirements necessary for an original application.

BUSINESS INFORMATION

Please provide the information listed below by →			RESPONSE DATE
BUSINESS NAME			CUSTOMER NUMBER
TRADE NAME OR DOING BUSINESS AS (if different from Business Name)	TELEPHONE NUMBER	FAX NUMBER	CERTIFICATE/LICENSE NUMBER
IMPORTANT NOTE: The business address provided below MUST be owned or leased by at least one of the business officials.			
BUSINESS STREET ADDRESS (do not give P.O. Box)	CITY	STATE	ZIP CODE
PRIMARY CONTACT PERSON NAME		TELEPHONE NUMBER	FAX NUMBER
PRIMARY CONTACT EMAIL ADDRESS		BUSINESS WEBSITE	

ZONING COMPLIANCE INFORMATION

THE FOLLOWING INFORMATION MUST BE COMPLETED BY A ZONING OFFICIAL

Virginia Code requires that the primary business location of the above named business must be in compliance with local zoning regulations. Please provide all of the following information for the address listed above.

TAX MAP NUMBER	LOT NUMBER	SECTION	ZONING DESIGNATION
I verify that the business location listed above is in compliance with the zoning ordinances of this city/county.			
ZONING OFFICIAL NAME (print)		ZONING OFFICIAL SIGNATURE	DATE (mm/dd/yyyy)
ZONING OFFICIAL EMAIL ADDRESS			TELEPHONE NUMBER

CERTIFICATION

I 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 these certifications and affirmations under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation. I understand that any Virginia Operating Authority certificate or license issued to me can be suspended and revoked if any of the information in the application is found to be untrue or inaccurate.

AUTHORIZED REPRESENTATIVE NAME	AUTHORIZED REPRESENTATIVE TITLE
AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)