

FOR-HIRE INTRASTATE OPERATING AUTHORITY CERTIFICATE, LICENSE, OR PERMIT RENEWAL APPLICATION

PURPOSE: Motor carriers use this form to renew their Intrastate Operating Authority Certificate, License and/or Permit(s) and provide business operations information.

INSTRUCTIONS: Complete all sections. Unsigned applications cannot be processed. For-hire certificates/licenses can be denied, revoked or suspended due to certain circumstances. Refer to www.dmvNow.com for specific denial/revocation/suspension reasons.

SECTION 1 — AUTHORITY INFORMATION

Check all that apply:

- | | | |
|---|---|---|
| <input type="checkbox"/> Broker of Passenger | <input type="checkbox"/> Contract Passenger | <input type="checkbox"/> Sightseeing |
| <input type="checkbox"/> Employee Hauler | <input type="checkbox"/> Taxicab | <input type="checkbox"/> Nonprofit / Tax Exempt Passenger Carrier |
| <input type="checkbox"/> Common Carrier-Irregular Route | <input type="checkbox"/> Household Goods | <input type="checkbox"/> Non-Emergency Medical Transportation Carrier |
| <input type="checkbox"/> Common Carrier-Regular Route | <input type="checkbox"/> Property Carrier | |

Write the number of each certificate, license, and permit you are applying to renew. Attach a separate page if needed.

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SECTION 2 — BUSINESS INFORMATION

BUSINESS NAME (For individual applicants, give your full legal name)	FEDERAL TAX IDENTIFICATION NUMBER/SSN		
TRADE NAME OR DOING BUSINESS AS (if different from Business Name)			
BUSINESS STREET ADDRESS (do not give P.O. Box)	CITY	STATE	ZIP CODE
BUSINESS MAILING ADDRESS (if different from above)	CITY	STATE	ZIP CODE
PRIMARY CONTACT PERSON NAME	TELEPHONE NUMBER	FAX NUMBER	
PRIMARY CONTACT PERSON TITLE	PRIMARY CONTACT PERSON EMAIL ADDRESS		

SECTION 3 — OTHER CARRIER INFORMATION

IRP ACCOUNT NUMBER (if applicable)	BASE STATE	IFTA LICENSE NUMBER (if applicable)	BASE STATE
FMCSA MC NUMBER (Federal Motor Carrier) (if applicable)		DOT NUMBER (if applicable)	

SECTION 4 — BUSINESS ENTITY INFORMATION

4A. BUSINESS ENTITY TYPE (check one)			
<input type="checkbox"/> CORPORATION	<input type="checkbox"/> PARTNERSHIP (Complete Section 4B below)	<input type="checkbox"/> INDIVIDUAL	<input type="checkbox"/> OTHER _____
4B. PARTNERSHIP INFORMATION (enter the following information for all partners)			
FULL LEGAL NAME		SOCIAL SECURITY NUMBER	

SECTION 5 — CERTIFICATION

I affirm that all taxes, fees, penalties, interest, and judgements due the Commonwealth of Virginia have been paid or satisfied and that I am in compliance with the Worker's Compensation Act of Title 65.2 and with the Business, Professional, and Occupational License Tax requirements. I further 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. I understand that any Virginia Operating Authority certificate, license or permit issued to me can be suspended and revoked if any of the information in the application is found to be untrue or inaccurate.

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