



1 ACCOUNT NUMBER FLEET NUMBER SUPPLEMENTAL NUMBER LICENSE YEAR CLUB/LICENSE SERVICE USE ONLY CLUB LICENSE SERVICE NAME CARRIER CONTACT INFORMATION (NOT FOR LICENSE SERVICE CLUB USE) NAME OF REGISTRANT AGENT TELEPHONE REGISTRANT TELEPHONE NO. DOING BUSINESS AS MAILING ADDRESS NAME OF CONTACT PHYSICAL LOCATION CITY STATE ZIP CODE ADDRESS ADDRESS CITY STATE ADDRESS CITY STATE ZIP CODE COUNTY CONTACT NUMBER DOT F. E. I. N. ZIP CODE COUNTY CITY STATE EMAIL ADDRESS

2 CODE KEY TYPE OF OPERATION TYPE OF FUEL TYPE OF VEHICLE

3 FLEET INFO TYPE OF OPERATION PRIMARY PURPOSE OF FLEET DATE FIRST OPERATED AS A FLEET NUMBER OF REGISTRATION MONTHS FUEL TYPE

4 OPERATIONAL JURISDICTIONS & WEIGHTS UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND WEIGHTS LISTED BELOW. EXCEPTIONS ON ANY JURISDICTIONS/WEIGHTS MUST BE LISTED FOR ALL JURISDICTIONS. PROVIDE GROUP NUMBER

5 COMMERCIAL VEHICLE INFO IF LONG TERM LEASING (31 DAYS OF MORE) TO A MOTOR CARRIER, PLACE THE LESSEE'S TAX IDENTIFICATION NUMBER IN BOX 17 AND DOT NUMBER IN BOX 18, AND SUBMIT A COPY OF THE LEASE AGREEMENT WITH THIS APPLICATION. USE THE CODE KEY FOR BOXES 5 AND 7.

UNIT ONE UNIT TWO UNIT THREE 1 EQUIPMENT NUMBER 2 VEHICLE IDENTIFICATION NUMBER 3 YEAR 4 MAKE 5 VEHICLE TYPE 6 AXLES/SEATS 7 FUEL TYPE 8 EMPTY WEIGHT 9 GROSS WEIGHT 10 PURCHASE PRICE 11 FACTORY PRICE 12 TITLE DATE 13 LEASE DATE 14 PLATE NUMBER 15 OWNER 16 OWNERSHIP INFORMATION 17 LESSEE TAX ID NUMBER 18 DOT NUMBER 19 TITLE NUMBER 20 WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR? 21 PROVIDE THE DATE THE VEHICLE WAS 1ST ADDED TO THE FLEET

6 INSURANCE INFORMATION & REGISTRANT CERTIFICATION I HEREBY STATE, UNDER PENALTY OF LAW, AND THE CODE OUTLINED IN CHAPTERS 17A AND 17D THAT THERE IS A VALID A MOTOR VEHICLE LIABILITY POLICY UPON THE VEHICLES HEREIN, IN ACCORDANCE WITH THE PROVISIONS OF THE WEST VIRGINIA MOTOR VEHICLE CODE. FURTHERMORE, I CLAIM THAT I AM KNOWLEDGEABLE OF THE MOTOR CARRIER SAFETY REGULATIONS AND HAZARDOUS MATERIAL REGULATIONS. (X) AUTHORIZED SIGNATURE TITLE INSURANCE POLICY START DATE INSURANCE POLICY END DATE INSURANCE COMPANY AGENT NAME POLICY NUMBER NAIC NUMBER