



1	ACCOUNT NUMBER	FLEET NUMBER	SUPPLEMENTAL NUMBER	LICENSE YR	CLUB/LICENSE SERVICE USE ONLY			
					CLUB LICENSE SERVICE NAME			
	NAME OF REGISTRANT				AGENT	TELEPHONE		
	DOING BUSINESS AS				MAILING ADDRESS			
	PHYSICAL LOCATION <i>No Rural Routes or P.O. Boxes</i>				CITY	STATE	ZIP CODE	
ADDRESS				ADDRESS				
CITY				STATE				
ZIP CODE		COUNTY		CITY		STATE		
DOT		F. E. I. N.		ZIP CODE		COUNTY		

SUPPLEMENTAL APPLICATION

CARRIER CONTACT INFORMATION (NOT FOR LICENSE SERVICE CLUB USE)

REGISTRANT TELEPHONE NO.
NAME OF CONTACT
CELL PHONE NUMBER
EMAIL ADDRESS

2	CODE KEY	
	TYPE OF OPERATION	TYPE OF FUEL
	EX - EXEMPT PC - PRIVATE CARRIER HH - HAUL FOR HIRE	D - DIESEL P - PROPANE G - GASOLINE O - OTHER <small>(BIO-FUEL, CNG, LPG, HYBRID, ELECTRIC, ETC.)</small>
TYPE OF VEHICLE		
TT - TRUCK TRACTOR TR - TRACTOR TK - TRUCK	RT - ROAD TRACTOR DT - DUMP TRUCK BS - BUS	

3	FLEET INFO	TYPE OF OPERATION <i>See Code Key</i>	PRIMARY PURPOSE OF FLEET	DATE FIRST OPERATED AS A FLEET	/ /	NUMBER OF REGISTRATION MONTHS	FUEL TYPE <i>See Code Key</i>
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4	DELETIONS	1-EQUIPMENT NUMBER	2-YEAR	3-MAKE	4-VEHICLE IDENTIFICATION NUMBER	5-APPROTIONED PLATE NUMBER

5	TRANSACTION CODES
<input type="checkbox"/> DELETE VEHICLE(S) <input type="checkbox"/> ADD VEHICLES <input type="checkbox"/> CORRECTION (INDICATE WHAT IS TO BE CORRECTED)	
<input type="checkbox"/> REGISTRATION FEE TRANSFER <input type="checkbox"/> INCREASE WEIGHT <input type="checkbox"/> CREATE NEW GROUP FOR SELECTED UNITS	

6	WEIGHT INFORMATION	UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND THE WEIGHTS MUST BE LISTED BELOW. EXCEPTIONS ON ANY WEIGHTS OR JURISDICTIONS MUST BE GROUPED ON SEPERATE PAGES.	ALBERTA (AB)	ALASKA (AK)	ALABAMA (AB)	ARKANSAS (AK)	ARIZONA (AZ)			
	BRITISH COLUMBIA (BC)	CALIFORNIA (CA)	COLORADO (CO)	CONNECTICUT (CT)	DISTRICT OF COLUMBIA (DC)	DELAWARE (DE)	FLORIDA (FL)	GEORGIA (GA)	HAWAII (HI)	IOWA (IA)
	IDAHO (ID)	ILLINOIS (IL)	INDIANA (IN)	KANSAS (KS)	KENTUCKY (KY)	LOUISIANA (LA)	MASSACHUSETTS (MA)	MANITOBA (MB)	MARYLAND (MD)	MAINE (ME)
	MICHIGAN (MI)	MINNESOTA (MN)	MISSOURI (MO)	MISSISSIPPI (MS)	MONTANA (MT)	MEXICO (MX)	NEW BRUNSWICK (NB)	NORTH CAROLINA (NC)	NORTH DAKOTA (ND)	NEBRASKA (NE)
	NEW FOUNDLAND (NL)	NEW HAMPSHIRE (NH)	NEW JERSEY (NJ)	NEW MEXICO (NM)	NOVA SCOTIA (NS)	NORTH WEST TERRITORY (NT)	NUNAVUT (NU)	NEVADA (NV)	NEW YORK (NY)	OHIO (OH)
	OKLAHOMA (OK)	ONTARIO (ON)	OREGON (OR)	PENNSYLVANIA (PA)	P.E. ISLAND (PE)	QUEBEC (QC)	RHODE ISLAND (RI)	SOUTH CAROLINA (SC)	SOUTH DAKOTA (SD)	SASKATCHEWAN (SK)
	TENNESSEE (TN)	TEXAS (TX)	UTAH (UT)	VIRGINIA (VA)	VERMONT (VT)	WASHINGTON (WA)	WISCONSIN (WI)	WEST VIRGINIA (WV)	WYOMING (WY)	YUKON (YT)

7	VEHICLE INFORMATION	IF YOU ARE LEASING LONG TERM (31 DAYS OF MORE) TO A MOTOR CARRIER PLACE LESSEE TAX IDENTIFICATION NUMBER (TIN) IN SPACE NUMBER 17 BELOW AND THE LESSEE DOT NUMBER IN SPACE NUMBER 18 BELOW. YOU MUST ALSO SUBMIT A COPY OF THE LEASE AGREEMENT.
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UNIT ONE	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 <input type="checkbox"/> LEASE <input type="checkbox"/> OWN		
	17 LESSEE TAX ID NUMBER	18 DOT NUMBER	19 TITLE NUMBER	20 WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	21 PROVIDE THE DATE THE VEHICLE WAS 1ST ADDED TO THE FLEET / /				
UNIT TWO	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 <input type="checkbox"/> LEASE <input type="checkbox"/> OWN		
	17 LESSEE TAX ID NUMBER	18 DOT NUMBER	19 TITLE NUMBER	20 WILL SAFETY RESPONSIBILITY FOR THIS VEHICLE CHANGE DURING THE REGISTRATION YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	21 PROVIDE THE DATE THE VEHICLE WAS 1ST ADDED TO THE FLEET / /				

8	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