

HAULING PERMIT / ESCORT ACCOUNT SETUP  
BUSINESS INFORMATION SHEET

LEGAL COMPANY NAME: \_\_\_\_\_

DOING BUSINESS AS: \_\_\_\_\_  
(If same leave blank)

BILLING ADDRESS:  
STREET 1: \_\_\_\_\_

STREET 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

BUSINESS PHONE: \_\_\_\_\_ BUSINESS FAX: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

CONTACT PERSON REGARDING BILLING: \_\_\_\_\_

NAME OF COMPANY OWNER(S): \_\_\_\_\_

I hereby certify there are no outstanding debts owed to the State of West Virginia, Division of Highways, for any previous hauling permit accounts under another company name for which I am responsible. I further certify that I understand any violation of this statement may result in the suspension and deletion of a hauling permit account with the WV Division of Highways.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name & Date

\_\_\_\_\_  
Printed Name & Date

**FAX COMPLETED DOCUMENT TO 304-558-2423 FOR PROCESSING AND  
MAIL ORIGINAL TO: WVDOT/ DIVISION OF HIGHWAYS, BUILDING 5, ROOM  
A-248 BFAR, 1900 KANAWHA BLVD EAST, CHARLESTON, WV 25305-0430**