



VIRGINIA INTERNATIONAL REGISTRATION PLAN (IRP) SUPPLEMENTAL APPLICATION

Purpose: Use this form or visit virginiamcs.com to make any of the following changes to your existing Virginia International Registration Plan (IRP) account. If you DO NOT have an existing Virginia IRP account, please use the IRP 1A New Account Application.

INSTRUCTIONS

Helpful Hints:

- To prevent processing delays, please read and follow the instructions precisely and complete all parts of the application that pertain to your business operations.

Submission of Application Information:

- Completed applications and supporting documentation may be faxed, emailed, mailed, or dropped off at a DMV customer service center (CSC).
- If you have questions or need help with this application contact Motor Carrier Services at:
 - (804) 249-5130 (voice)
 - 711 or (800) 828-1120 (Virginia Relay - TTY)
 - iftairp@dmv.virginia.gov

Contact Information:

- Fax: (804) 367-1073
- Mail: Virginia Department of Motor Vehicles
P.O. Box 27412
Richmond, Virginia 23269-0001
- Email: iftairp@dmv.virginia.gov

INSTRUCTIONS (continued)

Check all that apply:

- Change Account/Fleet Information – Complete Sections A, B, I and J
- Add New Fleet – Complete Sections A, B, (enter the fleet location address if different from the IRP account address), C, H (if applicable), I and J
- Add Vehicle(s) – Complete Sections A, C, H (if applicable), I and J
- Transfer License Plate(s)/Overload (Delete and Add vehicle(s) – Complete Sections A, D, H (if applicable), I and J
- Delete Vehicle(s) – Complete Sections A, E and J
- Change Vehicle Information – Complete Sections A, F, H (if applicable), I and J
- Replace/Exchange Credential(s) – Complete Sections A, G, I and J
- Change or Create Custom Weight Group for Specific Jurisdictions – Complete Sections A, F, H, I and J
- Close Account/Fleet and delete vehicles – Complete Sections A, E, and J

SECTION A: APPLICANT INFORMATION (* indicates REQUIRED, OTHERWISE ENTER ONLY INFORMATION THAT NEEDS UPDATING)

CHECK ONE TO INDICATE BUSINESS TYPE

 Individual/Sole Proprietor Partnership (include partners' names below) Corporation Limited Liability Company (LLC)

*LEGAL NAME - If you are operating as an:

- Individual (sole proprietorship), then enter your full personal name.
- Partnership, then enter the full personal names of all partners.
- Any other type of business entity (partnership, corporation, limited liability company, etc.), enter the name of the business as registered with the Virginia State Corporation Commission.

*LEGAL NAME

DOING BUSINESS AS (DBA) (Enter any DBA or trade name you are using in your business)

*FEIN (if none, SSN)

USDOT NUMBER

*IRP NUMBER

*FLEET NUMBER

NUMBER OF VEHICLES IN FLEET

 Check box if you have intrastate operating authority in Wyoming

*CARRIER TYPE

 Private — transports its own property For Hire — Transports passengers or property for compensation Rental — Rents to others or offers for rental vehicles with or without drivers. Rental companies engaging in the business of renting vehicles in Virginia for a period of less than one year are required to register with the Department of Taxation for the payment of rental tax.

*COMMODITY TYPE

 Household Goods Logging Fluid Milk Property Passenger Other: _____**SECTION B: BUSINESS INFORMATION** (ENTER ONLY INFORMATION THAT NEEDS UPDATING)

OFFICER/PARTNER'S NAME (based on business type)

EMAIL ADDRESS

JOB TITLE OR ROLE

DAYTIME PHONE

BUSINESS STREET ADDRESS (must be a physical address)

CITY

STATE

ZIP CODE

VA

BUSINESS MAILING ADDRESS (if different from business location address)

CITY

STATE

ZIP CODE

BUSINESS PHONE NUMBER

BUSINESS EMAIL

 The contact is authorized to conduct transactions and receive information pertaining to those transactions on behalf of the carrier/applicant.

CONTACT PERSON FULL NAME

TELEPHONE NUMBER

FAX NUMBER

CONTACT PERSON EMAIL

AFFILIATION WITH IRP ACCOUNT HOLDER

 Owner Company Employee Agent Other: _____**Records Information - Physical location of records if different from business location**

STREET ADDRESS

CITY

STATE

ZIP CODE

Photocopy this page if you need space for additional vehicles.

SECTION C: VEHICLE TRANSACTIONS - ADD VEHICLE(S)

Instructions: For each vehicle to be added, enter all the applicable vehicle information requested. (You may submit your own separate report provided it includes all required information.)

REQUIRED DOCUMENTATION

- If the motor carrier responsible for safety is not the IRP account holder, a lease agreement may be required for the vehicle being added.
 - For each vehicle with a gross/combination gross weight of 55,000 pounds or more, attach a copy of IRS form 2290 HVUT Heavy Vehicle Use Tax, stamped as received by the IRS or showing the E-FILE symbol and date.
 - To customize the registration weights for each vehicle, complete section E.
 - For information regarding the Communication Impairment Indicator, refer to form VSA 68.
- NOTE: For the Tax ID Number (TIN) – enter the FEIN of the motor carrier responsible for safety (if no FEIN, enter motor carrier's Social Security Number).

OWNER EQUIPMENT NUMBER (OEN)	VEHICLE ID NUMBER (VIN)	YEAR	CARRIER RESPONSIBLE FOR SAFETY		IF THE MOTOR CARRIER RESPONSIBLE FOR THE SAFETY OF THIS VEHICLE IS LIKELY TO CHANGE DURING THIS REGISTRATION YEAR, CHECK YES. <input type="checkbox"/> YES	
			TAX ID NUMBER (TIN)	USDOT NUMBER		
VEHICLE MAKE	VEHICLE TYPE <input type="checkbox"/> TW-TOW TRUCK <input type="checkbox"/> BS-BUS <input type="checkbox"/> TR-TRACTOR <input type="checkbox"/> TK-TRUCK <input type="checkbox"/> TT-TRUCK TRACTOR	AXLES	SEATS (bus only)	COMBO AXLES	FUEL <input type="checkbox"/> DIESEL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER: _____	VEHICLE COLOR PRIMARY _____ SECONDARY _____
VA TITLE NUMBER	VEHICLE OWNER NAME			LOCATION WHERE VEHICLE IS GARAGED		MOVE IN DATE
UNLADEN WEIGHT	GROSS REGISTERED WEIGHT	GROSS VEHICLE WEIGHT RATING (GVWR)		GROSS COMBINED VEHICLE WEIGHT RATING (GCWR)	OVERLOAD PERMIT <input type="checkbox"/> YES	
PURCHASE PRICE	PURCHASE DATE		LEASE DATE		VEHICLE IS <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED – IRP account holder (registrant) and vehicle owner are different entities.	
NON-APPORTIONED BASE PLATE/OVERLOAD CREDIT REQUEST Credit my IRP invoice for the remaining months on my Virginia Base Plate and/or Overload Permit.			PLATE CHOICE (check one)			
<input type="checkbox"/> BASE PLATE	PLATE NUMBER	<input type="checkbox"/> OVERLOAD PERMIT	PERMIT NUMBER	<input type="checkbox"/> PERMANENT <input type="checkbox"/> NONPERMANENT <input type="checkbox"/> PERMANENT (personalized) <input type="checkbox"/> NONPERMANENT (personalized)		
			PERSONALIZED CHOICES:			
			1. _____	2. _____	3. _____	
<input type="checkbox"/> I certify that the Virginia Base Plate/Overload Permit has been destroyed.			<input type="checkbox"/> I certify that the temporary plate issued to me will be destroyed upon receipt of a personalized plate.			
Communication Impairment Indicator Option - For law enforcement purposes, I request a DMV record indicator for a disability that can impair communication. <input type="checkbox"/> ADD <input type="checkbox"/> REMOVE						
Colorado does not charge fees for vehicles that are rented for less than 45 days. Indicate below: <input type="checkbox"/> Yes – If rented for less than 45 days, Colorado ownership tax fees will not be charged <input type="checkbox"/> No – If rented for more than 45 days, Colorado ownership tax fees will be charged			NATIONAL VEHICLE MILES TOTAL 10,000 OR MORE <input type="checkbox"/> Yes – vehicle travels 10,000 miles or more nationally <input type="checkbox"/> No – vehicle travels 9,999 miles or less nationally			
Utah laws allow a reduction of IRP fees if your vehicle is used exclusively for: <input type="checkbox"/> Cement pump <input type="checkbox"/> Bore drill <input type="checkbox"/> Crane						

Definitions

Unladen weight – The weight of the vehicle excluding any load (empty/tare).

Gross Registered Weight - The empty weight of the vehicle plus the maximum weight of the load it is carrying. **Note:** The gross weight may be increased or decreased during a registration period. The new weight should not be more than the manufacturer's gross vehicle weight rating or manufacturer's gross combined weight rating

Gross Vehicle Weight Rating (GVWR) - The manufacturer-assigned weight. It is the total weight of the vehicle, passengers, and cargo that the vehicle is designed to safely carry.

Gross Combined Vehicle Weight Rating (GCWR) - The weight assigned by the manufacturer to indicate the combined maximum load weight of the vehicle, passengers, cargo and the weight to be towed (maximum load of power unit and trailer, if applicable).

Overload Permit – In no case shall the permit allow a vehicle or combination of vehicles to exceed a gross weight of 84,000 pounds. Overload permits are valid only on Virginia state roads. They are not valid on interstate highways. An overload permit authorizes a 5% weight extension for:

- ◇ Single axle weight limit of 20,000 pounds
- ◇ Tandem axle weight limit of 34,000 pounds, and
- ◇ Gross weight limit based on the axle spacing and number of axles of the vehicle.

Combo Axles – The maximum total number of axles for the power unit and trailer(s)

SECTION D: VEHICLE TRANSACTIONS - TRANSFER LICENSE PLATES/OVERLOAD

Instructions: Enter information on the added vehicle and complete the information on the vehicle being deleted. (You may submit your own separate report provided it includes all required information for each vehicle.)

REQUIRED DOCUMENTATION

- If the carrier responsible for safety is not the IRP account holder a lease agreement may be required for the vehicle being added.
 - For each vehicle with a gross/combination gross weight of 55,000 pounds or more, attach a copy of IRS form 2290 HVUT Heavy Vehicle Use Tax, stamped as received by the IRS or showing the E-FILE symbol and date.
 - To customize the registration weights for each vehicle complete Section H.
 - For information regarding the Communication Impairment Indicator, refer to form VSA 68.
- NOTE: For the Tax ID Number (TIN) - enter the FEIN of the carrier responsible for safety (if no FEIN, enter carrier's Social Security Number).

OWNER EQUIPMENT NUMBER (OEN)	VEHICLE ID NUMBER (VIN)				YEAR	CARRIER RESPONSIBLE FOR SAFETY		IF THE MOTOR CARRIER RESPONSIBLE FOR THE SAFETY OF THIS VEHICLE IS LIKELY TO CHANGE DURING THIS REGISTRATION YEAR, CHECK YES. <input type="checkbox"/> YES
						TAX ID NUMBER (TIN)	USDOT NUMBER	
VEHICLE MAKE	VEHICLE TYPE <input type="checkbox"/> TW-TOW TRUCK <input type="checkbox"/> BS-BUS <input type="checkbox"/> TR-TRACTOR <input type="checkbox"/> TK-TRUCK <input type="checkbox"/> TT-TRUCK TRACTOR	AXLES	SEATS (bus only)	COMBO AXLES	FUEL <input type="checkbox"/> DIESEL <input type="checkbox"/> GAS <input type="checkbox"/> OTHER: _____	VEHICLE COLOR PRIMARY _____ SECONDARY _____		
VA TITLE NUMBER	VEHICLE OWNER NAME				LOCATION WHERE VEHICLE IS GARAGED			MOVE IN DATE
UNLADEN WEIGHT	GROSS REGISTERED WEIGHT	GROSS VEHICLE WEIGHT RATING (GVWR)		GROSS COMBINED VEHICLE WEIGHT RATING (GCWR)		OVERLOAD PERMIT <input type="checkbox"/> YES		
PURCHASE PRICE	PURCHASE DATE		LEASE DATE		VEHICLE IS <input type="checkbox"/> OWNED <input type="checkbox"/> LEASED – IRP account holder (registrant) and vehicle owner are different entities.			

Communication Impairment Indicator Option - For law enforcement purposes, I request a DMV record indicator for a disability that can impair communication. ADD REMOVE

Colorado does not charge fees for vehicles that are rented for less than 45 days. Indicate below:
 Yes – If rented for less than 45 days, Colorado ownership tax fees will not be charged
 No – If rented for more than 45 days, Colorado ownership tax fees will be charged

NATIONAL VEHICLE MILES TOTAL 10,000 OR MORE
 Yes – vehicle travels 10,000 miles or more nationally
 No – vehicle travels 9,999 miles or less nationally

Utah laws allow a reduction of IRP fees if your vehicle is used exclusively for: Cement pump Bore drill Crane

Vehicle being deleted - Transfer plate(s)/overload from this vehicle	OWNER EQUIPMENT NUMBER (OEN)	PLATE NUMBER	WAS THIS VEHICLE SOLD OR MOVED?		TRANSFER OVERLOAD <input type="checkbox"/> YES
			<input type="checkbox"/> SOLD	<input type="checkbox"/> MOVED _____ STATE (sold or moved to) _____ DATE (sold or moved to) _____	

Definitions

Unladen weight – The weight of the vehicle excluding any load (empty/tare).
Gross Registered Weight - The empty weight of the vehicle plus the maximum weight of the load it is carrying. **Note:** The gross weight may be increased or decreased during a registration period. The new weight should not be more than the manufacturer's gross vehicle weight rating or manufacturer's gross combined weight rating
Gross Vehicle Weight Rating (GVWR) - The manufacturer-assigned weight. It is the total weight of the vehicle, passengers, and cargo that the vehicle is designed to safely carry.
Gross Combined Vehicle Weight Rating (GCWR) - The weight assigned by the manufacturer to indicate the combined maximum load weight of the vehicle, passengers, cargo and the weight to be towed (maximum load of power unit and trailer, if applicable).

Overload Permit – In no case shall the permit allow a vehicle or combination of vehicles to exceed a gross weight of 84,000 pounds. Overload permits are valid only on Virginia state roads. They are not valid on interstate highways. An overload permit authorizes a 5% weight extension for:
 ♦ Single axle weight limit of 20,000 pounds
 ♦ Tandem axle weight limit of 34,000 pounds, and
 ♦ Gross weight limit based on the axle spacing and number of axles of the vehicle.
Combo Axles – The maximum total number of axles for the power unit and trailer(s)

SECTION E: VEHICLE TRANSACTIONS - DELETE VEHICLE(S)

Instructions: For each vehicle to be deleted, enter the applicable information. A plate certification section completed for each vehicle being withdrawn from the fleet. A refund for a portion of the Virginia fees paid may be requested if there are six (6) full months remaining in the registration year.

OWNER EQUIPMENT NUMBER (OEN)	VEHICLE ID NUMBER (VIN)	PLATE NUMBER	PLATE CERTIFICATION: I certify that the license plate(s) and cab card for this vehicle have been: <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen <input type="checkbox"/> Returned to DMV Location (enter location) _____	REFUND REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	WAS THIS VEHICLE SOLD OR MOVED? <input type="checkbox"/> SOLD <input type="checkbox"/> MOVED STATE(sold or moved to) _____ DATE(sold or moved) _____			

OWNER EQUIPMENT NUMBER (OEN)	VEHICLE ID NUMBER (VIN)	PLATE NUMBER	PLATE CERTIFICATION: I certify that the license plate(s) and cab card for this vehicle have been: <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen <input type="checkbox"/> Returned to DMV Location (enter location) _____	REFUND REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	WAS THIS VEHICLE SOLD OR MOVED? <input type="checkbox"/> SOLD <input type="checkbox"/> MOVED STATE(sold or moved to) _____ DATE(sold or moved) _____			

OWNER EQUIPMENT NUMBER (OEN)	VEHICLE ID NUMBER (VIN)	PLATE NUMBER	PLATE CERTIFICATION: I certify that the license plate(s) and cab card for this vehicle have been: <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen <input type="checkbox"/> Returned to DMV Location (enter location) _____	REFUND REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	WAS THIS VEHICLE SOLD OR MOVED? <input type="checkbox"/> SOLD <input type="checkbox"/> MOVED STATE(sold or moved to) _____ DATE(sold or moved) _____			

OWNER EQUIPMENT NUMBER (OEN)	VEHICLE ID NUMBER (VIN)	PLATE NUMBER	PLATE CERTIFICATION: I certify that the license plate(s) and cab card for this vehicle have been: <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen <input type="checkbox"/> Returned to DMV Location (enter location) _____	REFUND REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	WAS THIS VEHICLE SOLD OR MOVED? <input type="checkbox"/> SOLD <input type="checkbox"/> MOVED STATE(sold or moved to) _____ DATE(sold or moved) _____			

OWNER EQUIPMENT NUMBER (OEN)	VEHICLE ID NUMBER (VIN)	PLATE NUMBER	PLATE CERTIFICATION: I certify that the license plate(s) and cab card for this vehicle have been: <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen <input type="checkbox"/> Returned to DMV Location (enter location) _____	REFUND REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	WAS THIS VEHICLE SOLD OR MOVED? <input type="checkbox"/> SOLD <input type="checkbox"/> MOVED STATE(sold or moved to) _____ DATE(sold or moved) _____			

OWNER EQUIPMENT NUMBER (OEN)	VEHICLE ID NUMBER (VIN)	PLATE NUMBER	PLATE CERTIFICATION: I certify that the license plate(s) and cab card for this vehicle have been: <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen <input type="checkbox"/> Returned to DMV Location (enter location) _____	REFUND REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	WAS THIS VEHICLE SOLD OR MOVED? <input type="checkbox"/> SOLD <input type="checkbox"/> MOVED STATE(sold or moved to) _____ DATE(sold or moved) _____			

OWNER EQUIPMENT NUMBER (OEN)	VEHICLE ID NUMBER (VIN)	PLATE NUMBER	PLATE CERTIFICATION: I certify that the license plate(s) and cab card for this vehicle have been: <input type="checkbox"/> Lost <input type="checkbox"/> Destroyed <input type="checkbox"/> Stolen <input type="checkbox"/> Returned to DMV Location (enter location) _____	REFUND REQUESTED <input type="checkbox"/> YES <input type="checkbox"/> NO
	WAS THIS VEHICLE SOLD OR MOVED? <input type="checkbox"/> SOLD <input type="checkbox"/> MOVED STATE(sold or moved to) _____ DATE(sold or moved) _____			

SECTION F: VEHICLE TRANSACTIONS - CHANGE VEHICLE INFORMATION

Instructions: For each vehicle changed, enter the applicable information below. (You may submit your own separate report provided it includes all required information for each vehicle.)

REQUIRED DOCUMENTATION

- If the carrier responsible for safety is not the IRP account holder a lease agreement may be required for the vehicle being changed.
- If reactivating registration, you must attest to satisfying all insurance requirements by signing Section H: Certification.
- For information regarding the Communication Impairment Indicator refer to dmvnow.com, form VSA 68.

NOTE: For the Tax ID Number (TIN) - enter the FEIN of the carrier responsible for safety (if no FEIN, enter carrier's Social Security Number).

REASON FOR CHANGE

- ADD OVERLOAD TO EXISTING VEHICLE
 INCREASE/DECREASE REGISTERED GROSS WGT
 CHANGE CARRIER RESPONSIBLE FOR SAFETY
 CHANGE VEHICLE INFORMATION
 CHANGE OEN
 DEACTIVATE REGISTRATION
 ACTIVATE REGISTRATION
 CHANGE CUSTOM WEIGHT GROUP (SECTION H)

OWNER EQUIPMENT NUMBER (OEN)	VEHICLE ID NUMBER (VIN)	PLATE NUMBER	CARRIER RESPONSIBLE FOR SAFETY		IF THE CARRIER RESPONSIBLE FOR THE SAFETY OF THIS VEHICLE IS LIKELY TO CHANGE DURING THIS REGISTRATION YEAR, CHECK YES. <input type="checkbox"/> YES
			TAX ID NUMBER (TIN)	USDOT NUMBER	
GROSS REGISTERED WEIGHT	LOCATION WHERE VEHICLE IS GARAGED		VEHICLE COLOR	PRIMARY	SECONDARY

Communication Impairment Indicator Option - For law enforcement purposes, I request a DMV record indicator for a disability that can impair communication. ADD REMOVE

REASON FOR CHANGE

- ADD OVERLOAD TO EXISTING VEHICLE
 INCREASE/DECREASE REGISTERED GROSS WGT
 CHANGE CARRIER RESPONSIBLE FOR SAFETY
 CHANGE VEHICLE INFORMATION
 CHANGE OEN
 DEACTIVATE REGISTRATION
 ACTIVATE REGISTRATION
 CHANGE CUSTOM WEIGHT GROUP (SECTION H)

OWNER EQUIPMENT NUMBER (OEN)	VEHICLE ID NUMBER (VIN)	PLATE NUMBER	CARRIER RESPONSIBLE FOR SAFETY		IF THE CARRIER RESPONSIBLE FOR THE SAFETY OF THIS VEHICLE IS LIKELY TO CHANGE DURING THIS REGISTRATION YEAR, CHECK YES. <input type="checkbox"/> YES
			TAX ID NUMBER (TIN)	USDOT NUMBER	
GROSS REGISTERED WEIGHT	LOCATION WHERE VEHICLE IS GARAGED		VEHICLE COLOR	PRIMARY	SECONDARY

Communication Impairment Indicator Option - For law enforcement purposes, I request a DMV record indicator for a disability that can impair communication. ADD REMOVE

REASON FOR CHANGE

- ADD OVERLOAD TO EXISTING VEHICLE
 INCREASE/DECREASE REGISTERED GROSS WGT
 CHANGE CARRIER RESPONSIBLE FOR SAFETY
 CHANGE VEHICLE INFORMATION
 CHANGE OEN
 DEACTIVATE REGISTRATION
 ACTIVATE REGISTRATION
 CHANGE CUSTOM WEIGHT GROUP (SECTION H)

OWNER EQUIPMENT NUMBER (OEN)	VEHICLE ID NUMBER (VIN)	PLATE NUMBER	CARRIER RESPONSIBLE FOR SAFETY		IF THE CARRIER RESPONSIBLE FOR THE SAFETY OF THIS VEHICLE IS LIKELY TO CHANGE DURING THIS REGISTRATION YEAR, CHECK YES. <input type="checkbox"/> YES
			TAX ID NUMBER (TIN)	USDOT NUMBER	
GROSS REGISTERED WEIGHT	LOCATION WHERE VEHICLE IS GARAGED		VEHICLE COLOR	PRIMARY	SECONDARY

Communication Impairment Indicator Option - For law enforcement purposes, I request a DMV record indicator for a disability that can impair communication. ADD REMOVE

SECTION G: VEHICLE TRANSACTIONS - REPLACE/EXCHANGE CREDENTIALS

Instructions: For each vehicle needing replacement/exchange of credentials enter the applicable information below. (You may submit your own separate report provided it includes all required information for each vehicle.)

REPLACE/EXCHANGE FOLLOWING CREDENTIALS

- PERMANENT PLATE
 NON-PERMANENT PLATE & DECALS
 MONTH DECAL
 YEAR DECAL
 MONTH & YEAR DECAL
 OVERLOAD & DECALS
 MONTH DECAL - OVERLOAD
 YEAR DECAL - OVERLOAD
 MONTH & YEAR DECAL - OVERLOAD
 CAB CARD

REASON FOR REPLACEMENT/EXCHANGE

- LOST
 STOLEN
 DESTROYED
 DIFFERENT PLATE TYPE REQUESTED
 PERSONALIZED PLATES REQUESTED

OWNER EQUIPMENT NUMBER (OEN)			ENTER CHOICES IF REQUESTING PERSONALIZED PLATES		
	VEHICLE ID NUMBER (VIN)	PLATE NUMBER	1.	2.	3.
<input type="checkbox"/> I certify that the temporary plate issued to me will be destroyed upon receipt of a personalized plate.					

REPLACE/EXCHANGE FOLLOWING CREDENTIALS

- PERMANENT PLATE
 NON-PERMANENT PLATE & DECALS
 MONTH DECAL
 YEAR DECAL
 MONTH & YEAR DECAL
 OVERLOAD & DECALS
 MONTH DECAL - OVERLOAD
 YEAR DECAL - OVERLOAD
 MONTH & YEAR DECAL - OVERLOAD
 CAB CARD

REASON FOR REPLACEMENT/EXCHANGE

- LOST
 STOLEN
 DESTROYED
 DIFFERENT PLATE TYPE REQUESTED
 PERSONALIZED PLATES REQUESTED

OWNER EQUIPMENT NUMBER (OEN)			ENTER CHOICES IF REQUESTING PERSONALIZED PLATES		
	VEHICLE ID NUMBER (VIN)	PLATE NUMBER	1.	2.	3.
<input type="checkbox"/> I certify that the temporary plate issued to me will be destroyed upon receipt of a personalized plate.					

REPLACE/EXCHANGE FOLLOWING CREDENTIALS

- PERMANENT PLATE
 NON-PERMANENT PLATE & DECALS
 MONTH DECAL
 YEAR DECAL
 MONTH & YEAR DECAL
 OVERLOAD & DECALS
 MONTH DECAL - OVERLOAD
 YEAR DECAL - OVERLOAD
 MONTH & YEAR DECAL - OVERLOAD
 CAB CARD

REASON FOR REPLACEMENT/EXCHANGE

- LOST
 STOLEN
 DESTROYED
 DIFFERENT PLATE TYPE REQUESTED
 PERSONALIZED PLATES REQUESTED

OWNER EQUIPMENT NUMBER (OEN)			ENTER CHOICES IF REQUESTING PERSONALIZED PLATES		
	VEHICLE ID NUMBER (VIN)	PLATE NUMBER	1.	2.	3.
<input type="checkbox"/> I certify that the temporary plate issued to me will be destroyed upon receipt of a personalized plate.					

IMPORTANT NOTE: If you complete this section, DMV will use the EXACT weights provided on your registration. If you do not complete this section, DMV will set the jurisdictional weights based on the VA gross registered weight. Example: If VA registered gross weight is 26,000 lbs or 80,000 lbs then all jurisdictions will be set to 26,000 lbs or 80,000 lbs. Canadian member jurisdictions will show the kilograms or combination axle count conversion that is required.

SECTION H: CUSTOM WEIGHT GROUP

OWNER EQUIPMENT NUMBERS (Enter the OEN of each vehicle to be included in this custom weight group)

NOTE: Jurisdictions noted on this chart must also be included in Section E.

JURISDICTION	WEIGHT	JURISDICTION	WEIGHT	JURISDICTION	WEIGHT
Alabama (AL)		Manitoba (MB)		Oklahoma (OK)	
Alberta (AB)		Maryland (MD)		Ontario (ON)	
Arizona (AZ)		Massachusetts (MA)		Oregon (OR)	
Arkansas (AR)		Michigan (MI)		Pennsylvania (PA)	
British Columbia (BC)		Minnesota (MN)		Prince Edward Island (PE)	
California (CA)		Mississippi (MS)		Quebec (QC)	
Colorado (CO)		Missouri (MO)		Rhode Island (RI)	
Connecticut (CT)		Montana (MT)		Saskatchewan (SK)	
Delaware (DE)		Nebraska (NE)		South Carolina (SC)	
District of Columbia (DC)		Nevada (NV)		South Dakota (SD)	
Florida (FL)		New Brunswick (NB)		Tennessee (TN)	
Georgia (GA)		Newfoundland & Labrador (NL)		Texas (TX)	
Idaho (ID)		New Hampshire (NH)		Utah (UT)	
Illinois (IL)		New Jersey (NJ)		Vermont (VT)	
Indiana (IN)		New Mexico (NM)		Virginia (VA)	
Iowa (IA)		New York (NY)		Washington (WA)	
Kansas (KS)		North Carolina (NC)		West Virginia (WV)	
Kentucky (KY)		North Dakota (ND)		Wisconsin (WI)	
Louisiana (LA)		Nova Scotia (NS)		Wyoming (WY)	
Maine (ME)		Ohio (OH)			

SECTION H: CUSTOM WEIGHT GROUP

OWNER EQUIPMENT NUMBERS (Enter the OEN of each vehicle to be included in this custom weight group)

NOTE: Jurisdictions noted on this chart must also be included in Section E.

JURISDICTION	WEIGHT	JURISDICTION	WEIGHT	JURISDICTION	WEIGHT
Alabama (AL)		Manitoba (MB)		Oklahoma (OK)	
Alberta (AB)		Maryland (MD)		Ontario (ON)	
Arizona (AZ)		Massachusetts (MA)		Oregon (OR)	
Arkansas (AR)		Michigan (MI)		Pennsylvania (PA)	
British Columbia (BC)		Minnesota (MN)		Prince Edward Island (PE)	
California (CA)		Mississippi (MS)		Quebec (QC)	
Colorado (CO)		Missouri (MO)		Rhode Island (RI)	
Connecticut (CT)		Montana (MT)		Saskatchewan (SK)	
Delaware (DE)		Nebraska (NE)		South Carolina (SC)	
District of Columbia (DC)		Nevada (NV)		South Dakota (SD)	
Florida (FL)		New Brunswick (NB)		Tennessee (TN)	
Georgia (GA)		Newfoundland & Labrador (NL)		Texas (TX)	
Idaho (ID)		New Hampshire (NH)		Utah (UT)	
Illinois (IL)		New Jersey (NJ)		Vermont (VT)	
Indiana (IN)		New Mexico (NM)		Virginia (VA)	
Iowa (IA)		New York (NY)		Washington (WA)	
Kansas (KS)		North Carolina (NC)		West Virginia (WV)	
Kentucky (KY)		North Dakota (ND)		Wisconsin (WI)	
Louisiana (LA)		Nova Scotia (NS)		Wyoming (WY)	
Maine (ME)		Ohio (OH)			

NOTE: If any weight varies by more than 10% from the Virginia Registered weight, attach an explanation.

SECTION I: INTERNATIONAL FUEL TAX AGREEMENT (IFTA)

*Check and complete the appropriate section.

NOTE: To obtain a Virginia IFTA license and decals, submit a completed IFTA Licensing Application (RDT120).

Fleet is IFTA licensed in Virginia or applied for Virginia IFTA license.

VA IFTA ACCOUNT NUMBER	FLEET IDENTIFIER NUMBER
------------------------	-------------------------

Fleet is IFTA licensed in another IFTA jurisdiction.

IFTA STATE (filing through)	IFTA ACCOUNT NUMBER	FLEET IDENTIFIER NUMBER
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Fleet is IFTA leased to a Virginia based carrier who is reporting the fuel tax.

COMPANY NAME	
VA IFTA ACCOUNT NUMBER	FLEET IDENTIFIER NUMBER

Fleet is IFTA leased to an out-of-state based carrier who is reporting the fuel tax.

COMPANY NAME		
IFTA STATE (filing through)	IFTA ACCOUNT NUMBER	FLEET IDENTIFIER NUMBER

Fleet does not qualify for IFTA - each vehicle has no more than 2 axles and a registered gross weight or gross combined weight of 26,000 pounds or less.

SECTION J: CERTIFICATION

I certify that all vehicles are currently insured by a policy issued by an insurance company licensed to do business in Virginia and that the policy provides at least the minimum amount of coverage as required by Virginia law. My signature attests to knowledge of all state and federal motor carrier safety and hazardous materials laws and regulations when applicable and that I have read the record keeping requirements and understand my responsibilities for keeping detailed records and actual mileage records in accordance with IRP.

I also certify that the individual indicated as the Contact is authorized to conduct transactions and receive information pertaining to those transactions on behalf of the carrier/applicant.

I also 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. If the vehicles listed herein are leased vehicles, I certify and affirm that I or the company I represent have authorization to register the vehicles. 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.

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

Failure to submit the required supporting documents (see instructions on first page of this form) will delay the processing of your application.