



Department of Motor Vehicles  
 Motor Carrier Services  
 P.O. Box 27412  
 Richmond, Virginia 23269-0001

## FOR-HIRE INTRASTATE OPERATION OF RENTAL VEHICLE AUTHORIZATION APPLICATION

**See back for important information and for instructions on completing this application.**

### Application Fee

\$10 for property carrier vehicle    \$3 for passenger carrier vehicles

### THE MOTOR CARRIER OR AUTHORIZED REPRESENTATIVE MUST COMPLETE SECTIONS A AND B.

#### A MOTOR CARRIER INFORMATION

Please print or type.

Business Name		SSN/FEIN
Operating Authority Type		Certificate/Permit Number
Telephone Number (     )	Fax Number (     )	E-Mail Address

#### B APPLICANT CERTIFICATION

I certify that I have read Sections A and B of this application and know and understand the contents and that all information therein is true and accurate. I understand it is unlawful to knowingly make a false statement on the application and that any violation may be prosecuted as a class 5 felony (§§ 18.2-434 and 46.2-105). I further certify that the vehicle is insured under my motor carrier insurance and that the vehicle will be driven only by a person in my employ.

Carrier/Authorized Representative's Name <i>(please print)</i>		Title
Carrier/Authorized Representative's Signature		Date
Telephone Number (     )	Fax Number (     )	E-Mail Address

### THE RENTOR OR AUTHORIZED REPRESENTATIVE MUST COMPLETE SECTIONS C, D, AND E.

#### C VEHICLE INFORMATION

Vehicle Identification Number		Title Number	Vehicle Make
State where vehicle is registered.	If vehicle is <b>not</b> registered in Virginia, complete the following.	IRP Account Number	IRP Base State

#### D RENTOR INFORMATION

Business Name		Rental Tax License Number	Issuing State
Address		City	State    Zip Code
Telephone Number (     )	Fax Number (     )	E-Mail Address	
Rental Agreement Number	Agreement Effective Date	Agreement Termination Date	

#### E RENTOR CERTIFICATION

I certify that I have read Sections C, D, and E of this application and know and understand the contents and that all information therein is true and accurate. I understand it is unlawful to knowingly make a false statement on the application and that any violation may be prosecuted as a class 5 felony (Virginia Code §§ 18.2-434 and 46.2-105). I further understand that the motor carrier will use the vehicle in a **for-hire** operation in Virginia.

Rentor/Authorized Representative's Name <i>(please print)</i>		Title
Rentor/Authorized Representative's Signature		Date
Telephone Number (     )	Fax Number (     )	E-Mail Address

**IMPORTANT INFORMATION**

A copy of the rental agreement **MUST** be presented with this application.

The applicable fee must be submitted with this application.

Under Virginia law, vehicles registered in another state **can not** operate under the Virginia Intrastate Operating Authority **unless** the vehicle is registered under the International Registration Plan (IRP) and it is apportioned to Virginia.

The vehicle must be insured under the motor carrier's Virginia Intrastate Operating Authority insurance coverage on file with the Virginia Department of Motor Vehicles.

The driver(s) of the vehicle must be actual employees of the motor carrier.

**INSTRUCTIONS**

**Sections A and B must be completed by the motor carrier or an authorized representative of the motor carrier.**

**SECTION A - MOTOR CARRIER INFORMATION**

**Business Name** -- Enter the name of the motor carrier as it appears on the operating authority certificate or permit.

**SSN/FEIN** -- Enter your social security number or Federal Employee Identification Number.

**Operating Authority Type** -- Enter the operating authority type under which the vehicle will be used.

**Certificate/Permit Number** -- Enter the certificate or permit number as it appears on your operating authority certificate or permit.

**Telephone Number, Fax Number, E-Mail Address** -- Enter your telephone number, fax number, and e-mail address.

**SECTION B - APPLICANT CERTIFICATION**

**Carrier/Authorized Representative's Name, Title** -- Print or type the name and title of the carrier or the person authorized by the carrier to sign this certification.

**Carrier/Authorized Representative's Signature and Date** -- *Carrier/Authorized Representative* - Sign your name and write the date in the space provided.

**Telephone Number, Fax Number, e-mail Address** -- Enter the telephone number, fax number, and, if applicable, e-mail address of the carrier/authorized representative.

**Sections C, D, and E must be completed by the rentor or an authorized representative of the rentor.**

**SECTION C - VEHICLE INFORMATION**

**Vehicle Identification Number, Title Number, Vehicle Make** -- Enter the vehicle identification number (VIN), title number, and make as they appear on the vehicle's registration card.

**State Where Vehicle Is Registered** -- Enter the state in which the vehicle is registered.

**IRP Account Number, IRP Base State** -- Complete only if vehicle is **not** registered in Virginia.

**SECTION D - RENTOR INFORMATION**

**Business Name** -- Enter the name of the company renting the vehicle to the motor carrier as it appears on the rental agreement.

**Rental Tax License Number** -- Enter the number of your rental tax license.

**Issuing State**-- Enter the name of the state that issued the rental tax license.

**Rental Agreement Number**-- Enter the rental agreement number as it appears on the agreement.

**Address, City, State, and Zip Code** -- Enter the address, city, state, and zip code of the company from whom the vehicle was rented.

**SECTION E - RENTOR CERTIFICATION**

**Rentor/Authorized Representative's Name, Title** -- Print or type the name and title of the carrier or the person authorized by the carrier to sign this certification.

**Rentor/Authorized Representative's Signature and Date** -- *Rentor/Authorized Representative* - Sign your name and write the date in the space provided.

**Telephone Number, Fax Number, e-mail Address** -- Enter the telephone number, fax number, and, if applicable, e-mail address of the rentor/authorized representative.