MOTOR CARRIER DIVISION
555 WRIGHT WAY
CARSON CITY, NV 89711-0600
(775) 684-4711
Fax (775) 684-4619
www.dmvnv.com

LICENSING APPLICATION: SCHEDULE A

Section A: Licensing Information:

LICENSE YEAR: 20

Principal's Full Legal Name and Title | Principal's Driver License Number

Principal's Address | City | State | Zip

INDICATE TYPES OF LICENSING REQUIRED	INDICATE TYPE OF OPERATION	INDICATE TYPE OF APPLICATION	PAYMENT OPTION FOR ORIGINAL OR RENEWAL ONLY
☐ 100% NEVADA ONLY	☐ PRIVATE	☐ ORIGINAL	☐ FULL
☐ IRP	☐ FOR HIRE:	☐ RENEWAL	☐ PARTIAL
☐ IFTA	☐ EXEMPT / ☐ REGULATED	☐ SUPPLEMENT	
☐ SPECIAL MOBILE EQUIPMENT	☐ HOUSEHOLD GOODS		
☐ INTRASTATE AUTHORITY	☐ RENTAL COMPANY		

Section B: General Information:

Company Name (Legal Business Name)

Account Number | Federal DOT Number (if applicable)

Physical Address | City | State | Zip

Mailing Address (If different from the physical) | City | State | Zip

DBA *(If used in this state)* | Federal Employer Identification Number (FEIN)

Contact / Principal's Name and Title | ( ) Phone #

E-Mail Address | ( ) Fax #

Section C: Additional Information:

1. Was this carrier previously registered in another jurisdiction? No: ☐ Yes: ☐ If "Yes" where? _____

2. Location of Records (Physical Address): _____
City | State | Zip

In the spaces below, please list all owners, partners, and/or corporate officers and their titles (attach additional sheets if necessary):

3. 1) _____ Full Legal Name and Title 2) _____ Full Legal Name and Title 3) _____ Full Legal Name and Title

4) _____ Full Legal Name and Title 5) _____ Full Legal Name and Title 6) _____ Full Legal Name and Title

Licensing Agent/Reporting Service Name: _____

4. Lic. Agent/Reporting Svc. Mailing Address: _____
City | State | Zip

( ) Licensing Agent/Reporting Service Phone | ( ) Licensing Agent/Reporting Service Fax #

Are Tax Returns to be mailed to the reporting service? No: ☐ Yes: ☐

5. Do you maintain bulk fuel storage tanks? No: ☐ Yes: ☐

If "Yes" location _____ Tank Capacity _____
List additional locations and tank capacities on the back of this application

6. Do you sell fuel in Nevada? No: ☐ Yes: ☐ If "Yes" please indicate the types of fuels sold by selecting the boxes below:

Gasoline☐ Gasohol☐ E85☐ Jet Fuel☐ Aviation Fuel☐ Diesel☐ Biodiesel☐ LPG☐ CNG☐ A55☐ Kerosene☐

7. Have you ever held a license under a different name or FEIN? No: ☐ Yes: ☐

If "Yes" list name, FEIN, Account #, and State: _____

8. Are you consolidating out of state fleets with your Nevada IFTA? No: ☐ Yes: ☐

If yes, please enter the number of non-Nevada Qualified Motor Vehicles: _____

You must provide written approval from that jurisdiction(s) and copies of all IRP cab cards on qualified vehicles being consolidated in Nevada.

NOTE: Any vehicles with mileage accrued during the reporting period and/or registered in another jurisdiction MUST be registered with actual mileage, unless otherwise approved in writing by the Appointing Authority or designee.

Under penalties of perjury, the applicant declares that the information given is to the best of the applicant's knowledge true, accurate and complete. The applicant agrees to comply with reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax Agreement, the International Registration Plan, and the Nevada Revised Statutes as applicable. The applicant further agrees that the Motor Carrier Division may withhold any refunds due if the applicant is delinquent on payment of any fees due the Department or fuel taxes due to any member jurisdictions. Failure to comply with these provisions shall be grounds for revocation of license in Nevada and all member jurisdictions. The applicant agrees to maintain insurance pursuant to NRS 485.185 and 706.291 and will comply with the Motor Carrier Safety Regulations.

PLEASE NOTE: THIS APPLICATION MUST BE SIGNED OR IT WILL BE RETURNED TO YOU

Printed Full Legal Name (and title if applicable) | Signature | Date

( ) Phone # | E-Mail Address

For Office Use Only

Date Received	Date Approved	Date Issued	Initials	Account #	Fleet #