

ADDITIONAL ITEMS NEEDED

Copy of NV Business License Certificate

DOT # (Must be active)

National MC#

3 forms of NV residency

Drivers License of principal, officer or company agent name on application

3 forms of residency

Lease, Mortgage statement can be commercial or residential

It CANNOT be a virtual or a post drop forwarded address

Utility bills - No cellular bill

Proof of Fleet insurance



POWER OF ATTORNEY (POA)

Registration / Tax Year: 20_____

Please Note: You must complete this form if anyone other than yourself will be acting on your behalf

Motor Carrier Account Number:_____ FEIN:_____

Full Legal Name:_____

Doing Business As:_____

Address:_____

Telephone (_____) _____ - _____ Fax (_____) _____ - _____

The following agent is authorized to provide and receive information and to perform any and all acts that I can perform as the registrant/taxpayer with respect to any Nevada Motor Carrier Division matters.

I would like all correspondence to be sent to:

Registrant/Taxpayer: _____ Authorized Agent: _____ Both _____

Authorized Agent:_____

Address:_____

Telephone (_____) _____ - _____ Fax (_____) _____ - _____

This Power of Attorney authorizes the above named agent to:

- 1. Sign and file all registration documents, special fuel, and motor fuel documents and tax forms.
2. Provide, receive, and discuss information regarding the above account.

Please Note: The carrier is responsible for notifying the Department when this POA is no longer valid.

I hereby certify the Nevada Department of Motor Vehicles, Motor Carrier Division is authorized to release to the above named authorized agent any and all information in their files with respect to any matters regarding the above account. I relieve the Department and their representatives of any liability related to the release of such information to the above named authorized agent. I understand this authorization does not absolve me, as the registrant/taxpayer, of the responsibility to ensure that all tax returns, taxes, and registration payments are filed and paid on time. Also, I understand this authorization replaces any prior authorization filed with the Department. Signatures must be original. Photocopies are not acceptable.

Authorized Registrant/Taxpayer signature (Required) Date (Required)

Printed Full Legal name and title (Required) Date (Required)

Signature of Notary or Authorized DMV Representative (Required) Date (Required)
MC078 (12-2012)



MOTOR CARRIER BUSINESS APPLICATION

Section A: Licensing Information:

LICENSE YEAR: 20

Company Name (Legal Business Name)

Account Number

DBA (if used in this state)

Federal DOT Number

Secretary of State - Business License Number

Federal Employer Identification Number (FEIN)

Table with 3 columns: INDICATE TYPES OF ACCOUNTS REQUIRED, INDICATE TYPE OF OPERATION, and Licensing Agent Service Name. Includes checkboxes for 100% NEVADA ONLY, IRP, IFTA, PERMANENT TRAILER (PTL), PRIVATE, FOR HIRE, RENT VEHICLES LESS THAN 45 DAYS, RENT VEHICLES MORE THAN 45 DAYS, WYOMING INTRASTATE AUTHORITY, HOUSEHOLD GOODS.

Section B: General Information:

Note: Licensing Agents must be registered with NV DMV

Physical Address City State Zip

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

Contact Name and Title

Contact E-Mail Address Contact Telephone Number Contact Fax Number

Section C: Additional Information:

- 1. Was the company previously registered in another jurisdiction? No: Yes: If "Yes" where?
2. Was the company previously registered under another name? No: Yes: If "Yes" Who?

3. Location of Records (Physical Address):

4. Below please list all financially responsible owners, partners, and/or corporate officers and their titles (attach additional sheets if necessary):

Table with 2 columns for listing owners/partners/officers. Includes fields for name, title, license number, and contact info.

5. Have you or any of your corporate officers or partners ever held a business license under a different name or FEIN? No: Yes:

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

6. Do you maintain bulk fuel storage tanks? No: Yes: If "Yes" location: Tank Capacity

7. Will your company be reporting IFTA & issuing decals for vehicles that will not be registered under your company's IRP registration? 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 penalty 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.

Printed Full Legal Name of Principle and Title Signature of Principle Date

()

Telephone # E-Mail Address



Motor Carrier Division
 555 Wright Way
 Carson City, NV 89711-0600
 Phone (775) 684-4711
 Fax (775) 684-4619
mctlc@dmv.nv.gov

Vehicle Application: Schedule B

Account # _____ Fleet # _____

Legal Business Name _____

Mailing Address _____
 Street City State Zip

Fleet Type: IRP / IFTA NV Only Permanent Trailer

Registration Start Date: _____

Trans Code	Vehicle Type	Fuel Type
A - Add	TK - Truck	D - Diesel
D - Delete	TR - Tractor	G - Gasoline
C - Change	BS- Bus	P - Propane
T - Transfer	CR - Crane	E - Electric
E - Exchange	ST - Semi Trailer	H - Hybrid
----	FT - Full Trailer	O - Other

*MCRS = Motor Carrier Responsible for Safety

Columns 1-10 below must be completed for each line #

*Weight Exceptions: Attach the Schedule C

Line #	1 Trans Code	2 Nevada County	3 Zip Code	4 Unit #	5 Plate #	6 Serial or Vin #	7 Vehicle Type	8 # of Axles/Seats on Vehicle	9 # of Axles on Trailer	10 Unladen Weight
1										
2										
3										

Continued from above: Columns 11-19 below must be completed for each line #

Line #	11 Combined Gross Weight	12 Odometer (NV only)	13 Fuel Type	14 Purchase Price	15 Purchase/Lease Date	16 Name of Lessor	17 USDOT # for MCRS	18 FEIN for MCRS	19 Weight Exception(s)
1									Y or N
2									Y or N
3									Y or N

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. 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 TO 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 UNDERSTANDS AND AGREES TO COMPLY WITH THE HAZARDOUS MATERIAL AND MOTOR CARRIER SAFETY REGULATIONS. THE APPLICANT AGREES TO MAINTAIN INSURANCE PURSUANT TO NRS 485.185 AND 706.291 AND WILL COMPLY WITH THE MOTOR CARRIER SAFETY REGULATIONS.

 Print Full Legal Name and Title Signature Date Phone Number

REGISTRANT / TAXPAYER RESPONSIBILITIES

All Nevada Motor Carrier registrants must complete this document with all new applications and renewals. Failure to do so may result in a delay of processing. All registrants must maintain operational records used to complete the registration renewal and/or IFTA tax return for a minimum of four (4) years from the date the document was submitted. These records must be used to support the total on and off road miles traveled AND fuel purchased for each vehicle in each jurisdiction. Operational records include original source documents such as individual driver's trip sheets with daily odometer readings/routes traveled, summary reports by unit, DOT logbooks and fuel receipts. Records must be suitable for verification of total fleet mileage and fuel purchased as reported on the registrant's renewal and/or quarterly fuel tax returns. Refer to IRP www.irponline.org & IFTA www.iftach.org for additional information. **By signing below, the registrant/taxpayer certifies they have read and understand the following:**

- ❖ Operational records and fuel receipts must be maintained and summarized monthly for each individual vehicle to track all miles traveled, and confirm fuel gallons purchased, even if the vehicle does not leave the State of Nevada. Records must be preserved for four (4) years and include actual odometer readings and routes of travel driven.
- ❖ Copies of logbook records may be requested when claiming a fuel tax refund.
- ❖ Odometer readings on each vehicle must be documented daily and used to calculate total miles traveled in each jurisdiction. The use of distance software to calculate jurisdictional travel is only acceptable if the routes actually traveled by the unit are used to calculate the total distance and are reconciled back to the odometer prior to filing the renewal or tax return. A hub-odometer must be installed if the vehicle does not have an odometer to provide mileage traveled.
- ❖ IFTA fuel tax returns reporting actual miles traveled and total fuel gallons purchased in each jurisdiction are due each quarter. IFTA fuel tax returns submitted by a registrant claiming zero mileage must include an explanation for the zero mileage. **(Miles and gallons must be rounded to the nearest whole number.)**
- ❖ If IFTA fuel tax returns are not filed timely or records are not maintained for four (4) years, fines of up to \$2,500.00 per violation may be assessed.
- ❖ IFTA quarterly fuel tax returns are no longer mailed by the Department. The registrant may contact the Motor Carrier Division at the above telephone number or log on to our website at www.dmvnev.com/mcforms.htm to obtain the specified form and current fuel tax matrix for the quarter.
- ❖ Refund credit for off-road miles traveled cannot be claimed in some states. Contact those jurisdictions directly for more information. Nevada off road miles must be claimed on form MC45.
- ❖ All accounts registered with the Department are subject to audit.
- ❖ All carriers based in Nevada must also be registered with the Nevada Secretary of State. Proof of such registration may be required.
- ❖ Vehicle license plates, cab card(s), and fuel license(s) must be surrendered to the DMV, Motor Carrier Division, when a vehicle is sold or is non-operational. Failure to return license plates and cab card(s) may result in additional fees due. ***Do not sell your vehicle(s) without removing the credentials first.***

Signature of Registrant/Taxpayer (Required)

Date (Required)

Printed Full Legal Name and Title (Required)

Phone (Required)

Motor Carrier Account Number (Required)

E-mail Address (Optional)



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

MILEAGE AND WEIGHT APPLICATION: SCHEDULE C

ACCOUNT # _____ FLEET # _____

FULL LEGAL NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

Check here for address change

LICENSE YEAR _____

Actual miles operated by the fleet in the requested jurisdictions during the preceding year must be declared when establishing, adding to, or renewing an apportioned fleet. The preceding year means the period of twelve consecutive months immediately prior to July 1 of the year immediately preceding the commencement of the registration or license year for which apportioned registration is sought. If estimated mileage is shown, complete the MC004 Nevada IRP Estimated Mileage Formula and submit with this form. Applications will be returned if required information is not present.

Note: Jurisdictions which have not been selected or containing incomplete information will not be prorated.

LIST MILEAGE AND WEIGHT FOR EACH JURISDICTION FOR WHICH APPORTIONED REGISTRATION IS SOUGHT:

INDICATE "A" ACTUAL OR "E" ESTIMATED FOR MILES LISTED

INDICATE "Y" (YES) OR "N" (NO) FOR THE IRP JURISDICTIONS WITH WHOM YOU DESIRE THIS FLEET TO BE REGISTERED.

If reporting estimated mileage please refer to either Schedule G (if you have a business plan/contract) or estimated mileage method 2 (form MC004).

Please Note: All miles must be multiplied by the number of vehicles

A/E	JURISDICTION	Y/N	MILEAGE	WEIGHT	A/E	JURISDICTION	Y/N	MILEAGE	WEIGHT	A/E	JURISDICTION	Y/N	MILEAGE	WEIGHT	A/E	JURISDICTION	Y/N	MILEAGE	WEIGHT
	NV - NEVADA					IN - INDIANA					NE - NEBRASKA					SD - SOUTH DAKOTA			
	AB - ALBERTA					KS - KANSAS					NH - NEW HAMPSHIRE					SK - SASKATCHEWAN			
	AL - ALABAMA					KY - KENTUCKY					NJ - NEW JERSEY					TN - TENNESSEE			
	AR - ARKANSAS					LA - LOUISIANA					NL - NEW FOUNDLAND					TX - TEXAS			
	AZ - ARIZONA					MA - MASSACHUSETTS					NM - NEW MEXICO					UT - UTAH			
	BC - BRITISH COLUMBIA					MB - MANITOBA					NS - NOVA SCOTIA					VA - VIRGINIA			
	CA - CALIFORNIA					MD - MARYLAND					NY - NEW YORK					VT - VERMONT			
	CO - COLORADO					ME - MAINE					OH - OHIO					WA - WASHINGTON			
	CT - CONNECTICUT					MI - MICHIGAN					OK - OKLAHOMA					WI - WISCONSIN			
	DC - DIST OF COLUMBIA					MN - MINNESOTA					ON - ONTARIO					WV - WEST VIRGINA			
	DE - DELAWARE					MO - MISSOURI					OR - OREGON					WY - WYOMING			
	FL - FLORIDA					MS - MISSISSIPPI					PA - PENNSYLVANIA					AK - ALASKA			
	GA - GEORGIA					MT - MONTANA					PE - PRINCE EDWARD ISL					MX - MEXICO			
	IA - IOWA					NB - NEW BRUNSWICK					QC - QUEBEC					NT - NW TERRITORY			
	ID - IDAHO					NC - NORTH CAROLINA					RI - RHODE ISLAND					YT - YUKON			
	IL - ILLINOIS					ND - NORTH DAKOTA					SC - SOUTH CAROLINA				TOTAL MILES:				

UNDER PENALTY 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 AND THE NEVADA REVISED STATUTES. 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 COMPLY WITH THE MOTOR CARRIER SAFETY REGULATIONS.

SIGNATURE _____ TITLE _____ DATE _____ TELEPHONE # () _____



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

2021 AVERAGE PER VEHICLE DISTANCE (APVD) CHART

Name of Registrant _____ Account Number _____ Fleet Number _____ License Year _____

New accounts and/or fleets where no actual miles were accrued during the reporting period in any jurisdiction must use average per vehicle distance for all jurisdictions. Zero miles will not be accepted. If, at the time of audit, the fleet is found to have accrued actual miles during the reporting period, applicable fees will be assessed.

***Please Note: The reporting period for registration year 2021 is July 1, 2019 through June 30, 2020.**

Average Vehicle Per Distance (APVD) – If no actual mileage has been accrued during the reporting period, use the figures shown below.

State	Jurisdiction Name	Mileage
NV	Nevada	14,852
AB	Alberta	1,330
AL	Alabama	851
AR	Arkansas	1,187
AZ	Arizona	4,861
BC	British Columbia	247
CA	California	8,342
CO	Colorado	1,617
CT	Connecticut	259
DC	Dist. Of Columbia	48
DE	Delaware	56
FL	Florida	1,821

State	Jurisdiction Name	Mileage
GA	Georgia	1,123
IA	Iowa	1,027
ID	Idaho	1,343
IL	Illinois	1,626
IN	Indiana	1,231
KS	Kansas	971
KY	Kentucky	687
LA	Louisiana	1,005
MA	Massachusetts	264
MB	Manitoba	388
MD	Maryland	320
ME	Maine	168

State	Jurisdiction Name	Mileage
MI	Michigan	379
MN	Minnesota	551
MO	Missouri	1,583
MS	Mississippi	810
MT	Montana	1,362
NB	New Brunswick	81
NC	North Carolina	687
ND	North Dakota	1,137
NE	Nebraska	1,853
NH	New Hampshire	52
NJ	New Jersey	394
NL	Newfoundland	1,784

State	Jurisdiction Name	Mileage
NM	New Mexico	2,767
NS	Nova Scotia	1,033
NY	New York	581
OH	Ohio	1,425
OK	Oklahoma	1,608
ON	Ontario	144
OR	Oregon	2,062
PA	Pennsylvania	1,529
PE	Prince Ed. Island	505
QC	Quebec	60
RI	Rhode Island	32
SC	South Carolina	563

State	Jurisdiction Name	Mileage
SD	South Dakota	509
SK	Saskatchewan	123
TN	Tennessee	1,463
TX	Texas	4,683
UT	Utah	3,220
VA	Virginia	1,312
VT	Vermont	77
WA	Washington	1,301
WI	Wisconsin	545
WV	West Virginia	314
WY	Wyoming	1,672
AK	Alaska	0

Mileage figures are based on actual miles traveled by Nevada-based vehicles in the 2019 registration year.

PRINTED NAME _____ SIGNATURE _____ PHONE _____

TITLE _____ DATE _____

IRP REGISTRATION CERTIFICATION

This form must be completed prior to International Registration Plan (IRP) Registration or Renewal. If you answer no to any of the questions below, an explanation must be provided. Please answer the following questions about the physical structure of your business. If this is a home business, please answer about your home.

1. Is the physical structure of the "established place of business" located within the base jurisdiction of Nevada owned, leased, or rented by the fleet registrant? A drop box or virtual office does not qualify as an established place of business.
 Yes No
If no, please explain: _____
2. Does the physical structure have a designated street number or road location?
 Yes No
If no, please explain: _____
3. Is this location open during normal business hours? (Monday – Friday 8 a.m. to 5 p.m.)
 Yes No
If no, please explain: _____
4. Does the location have telephone(s) publicly listed in the name of the fleet registrant, supported by a Nevada telephone company's billing records? (The applicant or registrant need not have land line telephone service)
 Yes No
If no, please explain: _____
5. Is there any person(s) conducting the fleet registrant's business in the location during normal business hours?
 Yes No
If no, please explain: _____
6. Are the operational records of the fleet located at this location?
 Yes No
If no, please explain: _____
7. If not, can the operational records be made available at the Nevada location in the event of an audit?
 Yes No
If no, please explain: _____

Note: If not, the registrant must pay all costs of travel and per diem expenses in accordance with the IRP Plan, Section 1602.

The registrant/taxpayer certifies they have read and understand all rules and record keeping requirements. Please visit the following websites:

<https://www.iftach.org>

<https://www.irponline.org/default.aspx>

<https://dmv.nv.com/mcforms.htm>

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 understands that in the event the established place of business is proven to be outside the State of Nevada, the registrant will be suspended and fees will not be refunded. The applicant agrees to comply with the Federal Motor Carrier Safety Regulations, reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax Agreement, International Registration Plan, NRS 366, 371, 482 & 706 and NAC 366, 482 & 706. The applicant further agrees that the Motor Carrier Division may withhold any refunds due if the applicant is delinquent on payment of any fees or taxes due the department or any other member jurisdiction. The applicant has and will maintain insurance coverage on all motor vehicles per NRS 485,185. Failure to comply with these provisions may be grounds for revocation of fuel license and registration in Nevada and all other member jurisdictions.

Please print or type

Account Number: _____ Company Name: _____

Company Address: _____

Signature of Registrant/Taxpayer (Required): _____ Date: _____

Printed Name and Title (Required): _____

Phone number (Required): _____ Email address (Required): _____



555 Wright Way
 Carson City, NV 89711
 Reno/Sparks/Carson City (775) 684-4DMV (4368)
 Las Vegas area (702) 486-4DMV (4368)
dmv.nv.gov

PAYMENT AUTHORIZATION FORM
DO NOT EMAIL FORM

Debit or Credit Card Number (one number per box)

				-					-							
--	--	--	--	---	--	--	--	--	---	--	--	--	--	--	--	--

Expiration Date

Payment Type:

Master Card

Visa

Discover Card

		/		
Month			Year	

 Cardholder Information

Printed Name _____

Print your name as it appears on your card

Payment _____

Pursuant to NRS 353.1467, credit card payments of \$10,000 or more are not permitted and cannot be split between multiple payments and/or card types.

Cardholder Billing Address _____

Street / P.O. Box

City

State

Zip Code

Plate/Driver Lic./Bus. Lic./Records/MC

Number of the transaction being processed. _____

Telephone _____

Authorized Signature _____

Date _____

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

ADM-205 (Rev. 6/2019)

I authorize the DMV to charge the credit/debit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the amount indicated above only and is valid for one-time use only. I certify that I am an authorized user of this credit/debit card and that I will not dispute the payment with my credit/debit card company so long as the transaction corresponds to the terms indicated in the form.

Do not email this authorization form. E-mail is NOT a secure form of transmittal to protect your card information.

Office Use Only

Super Tran ID _____ Last four of Card Number _____ Technician Number _____

Comments: _____

