



Virginia Department of Motor Vehicles
 Post Office Box 27412
 Richmond, Virginia 23269-0001
 www.dmv.virginia.gov

MOTOR CARRIER FAX COVER SHEET

Purpose: Use this form as the cover sheet to fax forms/documents to DMV, Motor Carrier Services.
Instructions: Motor carrier attaches completed cover sheet to the items to be faxed. Items may be faxed directly to DMV or may be delivered to any Customer Service Center (CSC). The CSC will fax the items to DMV headquarters.

TO: DMV Motor Carrier Processing Center **FAX: 804-367-1073** **TELEPHONE: 804-249-5140**

FAX SENT DATE TOTAL NUMBER OF PAGES
 (mm/dd/yyyy) (including this cover sheet)

FROM: (check one)

Motor Carrier

Customer Service Center (DMV USE ONLY) CSC NAME

TELEPHONE NUMBER	FAX NUMBER	LOCATION NUMBER	CUSTOMER SERVICE REPRESENTATIVE NAME
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ACCOUNT INFORMATION

CARRIER NAME	TELEPHONE NUMBER	CARRIER FAX NUMBER
IRP	ACCOUNT NUMBER	FLEET NUMBER
	<input type="checkbox"/> ASSESSMENT <input type="checkbox"/> PAYMENT RECEIPT <input type="checkbox"/> INVOICE <input type="checkbox"/> OTHER (describe)	
	<input type="text"/>	
IFTA	ACCOUNT NUMBER	FLEET NUMBER
	<input type="checkbox"/> RDT 121, QUARTERLY TAX RETURN <input type="checkbox"/> PAYMENT RECEIPT <input type="checkbox"/> INVOICE <input type="checkbox"/> OTHER (describe)	
	<input type="text"/>	