

## IRP AND/OR MOTOR FUEL ROAD TAX TRIP PERMIT APPLICATION

**Purpose:** Use this form to apply for an IRP, Motor Fuel Road Tax or a Combined Trip Permit.

**Instruction:** Application MUST be faxed to (804) 367-1073. Trip permits are vehicle-specific and are valid for ten days.

APPLICANT INFORMATION								
TYPE OF TRIP PERMIT (check only one)								
IRP (\$15.00 fee)	MOTOR FUEL RO	OAD TAX (\$20.00 fee)	COMBINED IRP/ MOTOR FUEL ROAD TAX (\$35.00 fee)					
APPLICANT FULL NAME (last, first, mi, suffix)			BUSINESS/COMPANY NAME					
BUSINESS LOCATION ADDRESS (no post office box)			CITY			STATE	ZIP CODE	
TELEPHONE NUMBER LESSOR NAME (if leased vehicle)						1		
VEHICLE YEAR	MAKE/MODEL		UNIT NUMBER	R VEHICLE IDEN	VEHICLE IDENTIFICATION NUMBER (VIN)			
LICENSE PLATE NUMBER ISSUING STATE EXPIRATION DATE (mm/dd/yy		/yy)	PERMIT REQUI	PERMIT REQUESTED DATE (mm/dd/yyyy)				
FAX PERMIT TO:	FAX NUMBER	EMAIL PERMIT	TO: EMAIL A	I DDRESS	ISS ISS			
MAIL PERMIT TO: ADDRESS (if different from above)								
	CITY				STATE	ZIP CODE	ZIP CODE	
CARRIER SIGNATURE					DATE (mm/dd/yyyy)			
PAYMENT METHODS								
(check one)  ☐ CHECK / MONEY ORDER Made payable to DMV ☐ CREDIT CARD / E-Check provide contact number →  ■ TELEPHONE NUMBER  NOTE: In our continuing effort to safeguard customer information, DMV does not accept credit card payments by mail or email. You may pay with a credit card by having a Motor Carrier Services Representative contact you. We accept checks and money orders via mail.								
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DMV USE ONLY								
When this application is authorized, enter the following information and then complete an MCTS 273, Trip Permit.								
PERMIT NUMBER	EFFECTIVE DATE (mm.	/dd/yyyy) EXPIRATION DATE (	mm/dd/yyyy) A	AUTHORIZED SIGNATU	RE			