

## FOR-HIRE VEHICLES REGISTRATION REQUEST

Purpose:

Use this form to confirm your operating authority certificate/permit status OR to request verification of operating authority certificate/ permit status when: (1) as a passenger carrying you are applying for for-hire vehicle registration and license plates registered under another person's operating authority or the vehicle is used in operations exempt from operating authority, or (2) as a property carrier you are declaring that the use of the vehicle is for hire and the vehicle is registered under another person's operating authority or used in operations exempt from operating authority.

Instructions: Submit this form to the Motor Carrier Services work center at the above address or fax to (804) 367-1058. The form will be reviewed to confirm leased or exempt status. Motor Carrier staff will advise you of the necessary next steps required in order to obtain for-hire vehicle registration.

> NOTE: You are not required to complete this form if you are transporting property for compensation exclusively by passenger cars, motorcycles, autocycles, mopeds, and vehicles with a gross vehicle weight rating of 10,000 pounds or less.

VEHICLE OV	NER INFORMA	TION					
If the vehicle being registered is owned by a business enter the information	on below.						
BUSINESS NAME OR DOING BUSINESS AS		F	EDERAL TAX	IDENTIFIC	ATION N	JMBER	
MARY CONTACT NAME PRIMARY CONTACT PE		PERSON	ON TITLE		DAYTI	DAYTIME PHONE NUMBER	
If the vehicle being registered is owned by an individual(s) enter the information	mation below.				ı		
OWNER'S FULL LEGAL NAME (last, first, mi, suffix)	DAYTIME PHONE NU	MBER C	CELL PHONE I	NUMBER	DMV C	CUSTOMER NUMBER	
CO-OWNER'S FULL LEGAL NAME (last, first, mi, suffix)	DAYTIME PHONE NU	MBER C	CELL PHONE I	NUMBER	DMV C	CUSTOMER NUMBER	
ADDITIONAL INFORMATION	1						
OWNER EMAIL ADDRESS (if business owned enter email for primary contact)	LAST 4 DIGITS OF VEHICLE IDENTIFICATION NUMBER (VIN	FICATION					
1. I currently hold an operating authority certificate/permit. (Enter number	er below)						
If this vehicle is under the exclusive or sole operational control of a per INFORMATION/CERTIFICATION section.	erson that holds an o	perating	authority cer	tificate/per	mit, com	plete the LEASE	
3. If you believe the operations performed with this vehicle are exempt f operations in the box below.	rom the requirement	s of opera	ating authori	ty, provide	a detaile	ed description of the	
1 5 4 0 5 IN 5 0 D	4 TION (05 DTIE)	0 4 TIO					
LEASE INFORM  If the vehicle being registered is owned by OR being registered in a name MUST complete this section.				erating au	thority ce	ertificate or permit, yo	ou
FULL NAME - OPERATING AUTHORITY CERTIFICATE OR PERMIT HOLDER (le	ssee) (print) CER	TIFICATE	PERMIT NUM	MBER (	OPERATI	NG AUTHORITY TYPE	=
STREET ADDRESS (lessee)	CITY	,				STATE ZIP CODE	
Mandatory legal lease requirements - the company holding the operation include advertising and contracting activities and insure the vehicle under with Motor Carrier requirements must be completed between the lessor (lease agreement must be submitted with this form along with insurance of the vehicle owner and the operating authority certificate or permit owner legal lease requirements outlined above.  YOU MUST SUBMIT THE LEASE AGREEMENT WITH THIS FORM - Delease agreement. This form can be used as a reference for your existing	r the company's fleet vehicle owner) and le confirmation. certify by signing be	coveragessee (oversee)  low that the contains to the contains	ge policy. A www.er of operather lease aon the mandator	vritten leas ating autho greement o y legal req	se agreer ority certi complies juiremen	ment that complies ficate or permit). The with the mandatory ts of a VALID vehicle	ne e
LESSEE SIGNATURE (owner of operating authority certificate or permit)	LESSEE TITLE (if			инэ арриса	adon do )	DATE (mm/dd/yyyy)	п.
LESSOR SIGNATURE (vehicle owner)	LESSOR TITLE (if	applicable	e)			DATE (mm/dd/yyyy)	

	SISTRATION INFORMATION	
REGISTRATION PERIOD (check one:) QUARTERLY ONE YEAR	☐ TWO YEARS (\$2 discount ☐ THREE YEARS (\$3 discount	· · · · ·
PASSE	ENGER PLATE INFORMATION	
Select appropriate plate type and enter transfer plate information	on if applicable: Transfer Plate (enter	plate number)
☐ Taxi       ☐ Clean         ☐ Non-Emergency Medical Transportation       ☐ E-Plate	Special Fuel Taxi e	Passenger For-Hire
NOTE: Clean special fuel vehicle must meet guidelines, visit www.routes.	dmvNOW.com for details. E Plates are only	available for common carriers operating over regular
OPTIONAL: You may select one of the following plate designs:  Mountain to Seashore  Great	Seal	
☐ I would like a Permanent Plate (may be issued to taxicabs a	and common carriers)	
☐ I would like Personalized Plates - Indicate your choices in o (blank space and dash ch	rder of preference. The maximum number of aracters are $\frac{1}{2}$ space). Six characters are a	
First Choice Se	econd Choice	DMV USE ONLY
		Enter Available Choice:
PROF	DEDTY DI ATE INCODMATION	
Select appropriate plate type and enter transfer plate information	PERTY PLATE INFORMATION on if applicable Transfer Plate (enter	plata number)
	r Truck	Passenger
OPTIONAL:		
	tractor trucks with a GVWR or GCWR of mo o 26,000 lbs. if used for business only.)	re than 26,000 lbs.; trucks and tractor trucks with
	rder of preference. The maximum number of aracters are $\frac{1}{2}$ space). Six characters are a	characters allowed on standard and scenic plates is 7 lowed for all other plates bearing logos.
First Choice Se	econd Choice	DMV USE ONLY Enter Available Choice:
		Fee: \$
POWER OF ATTORNEY FOR NON-RESI	DENT(S) AND CODDODATION(	S) NOT DOMICII ED IN VIDGINIA
POWER OF ALLORNET FOR NON-RESI	DENT(3) AND CORPORATION(	5) NOT DOMICILED IN VIRGINIA
	` '	t of Motor Vehicles of the Commonwealth of
Pursuant to the provisions of Virginia Code §46.2-601, I/we apply Virginia, to be my/our true and legal agent upon whom all legal and/or use of any motor vehicle registered in my/our name(s) in is served on the Commissioner shall have the same legal effects	point the Commissioner of the Departmen processes against me/us may be served n the Commonwealth of Virginia. I/we agre	in any legal proceeding arising from the operation ee that any lawful process or notice to me/us which
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