

VIRGINIA EXEMPT BLANKET HAULING PERMIT APPLICATION

Telephone: (804) 786-2787 • Fax: (804) 367-1003

Purpose: Use this form to apply for an exempt hauling permit covering multiple

noves.

☐ FAX

USPS

EMAIL (enter your email →)

Instructions: Mail or fax this form to the address or fax number above. See page 2

for additional instructions.

DMV USE ONLY				
RECEIVED DATE (mm/dd/yyyy)	REFERENCE NUMBER			
CHECK NUMBER	CHECK AMOUNT			

SHIPPER					
New Shipper Location Shipper Address Chanç	ID NUMBER (VAHPS	ID NUMBER (VAHPS ID, FEIN, OR SSN) GOVERNI STATE		NMENT MOVE (check one) TE LOCAL	
CONTACT PERSON NAME	•		TELEPHONE NUMBER	FAX NUMBER	
COMPANY NAME					
MAILING ADDRESS					
P. O. BOX, SUITE NUMBER (if applicable)	CITY	CITY STATE ZIP CODE			
VA JURISDICTION (county or city—VA only) COUNTRY	EMAIL ADDRESS				
VEHICLE INFORMATION					
VEHICLE LICENSE PLATE NUMBER	ISSUING STATE	VIN / SERIAL NUMBER (last 5 digits)			
EXEMPT PERMIT INFORMATION					
Arlington County Trucks (2 Axles) (\$130.00 one year) Arlington County Trucks (3 Axles) (\$130.00 one year) Articulated Buses (Minimum 3 Axles) (\$130.00 one year) Concrete Haulers (3 Axles) (\$130.00 one year) Concrete Haulers (4 Axles) (\$130.00 one year) Containerized Cargo (\$130.00 one year) Cotton Module (Minimum 3 Axle) (\$45.00 one year) Excavated Material (3 Axles) (\$130.00 one year) Excavated Material (4 Axles) (\$130.00 one year) Excavated Material (4 Axles) (\$130.00 one year) Feed Hauler (\$130.00 one year) Feed Hauler (\$130.00 one year) Fluid Milk (\$130.00 one year) Boat/Watercraft (\$130.00 one year) Boat/Watercraft (\$130.00 one year)					
Provide the requested permit effective date and duration below: REQUESTED EFFECTIVE DATE (mm/dd/yyyy)					
CERTIFICATION					
I certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.					
AUTHORIZED REPRESENTATIVE NAME (print)	AUTHORIZED REPR	THORIZED REPRESENTATIVE SIGNATURE DATE (mm/dd/yyyy)			
DELIVERY (For current pricing, refer to Virginia hauling permit price list available on our website.)					
DELIVERY (check one) (NOTE: For payment and delivery information please refer to the instructions on page 2 of this application.)					

INSTRUCTIONS

SHIPPER

- New Shipper Location Check if this shipper has not been previously issued a permit in Virginia Automated Hauling Permit System (VAHPS) or if it is an additional location for this shipper.
- Shipper Address Change Check if this application records an address change.
- ID Number If the shipper has a VAHPS ID, enter it here. Otherwise enter the shipper's federal employer identification number (FEIN) or social security number (SSN).
- Government Move Choose federal, state, or local if this permit is being ordered to conduct a government move.
- Contact Person Name Name of the person responsible for the permit. (Contact person name will be displayed on the permit document.)
- Company Name Name of the shipper.
- Telephone Number Phone number for the contact person displayed on the permit document.
- Mailing Address Mailing address for the shipper.
- Fax Number Fax number of the shipper.
- P.O. Box, Suite Number Post office box and/or suite number if applicable.
- Email Email address of the contact person.
- City City where the shipper is located.
- State State where the shipper is located.
- Zip Code Postal zip code where the shipper is located.
- VA Jurisdiction County or city where shipper is located (for Virginia shippers only).
- Country Country in which the shipper is located.

VEHICLE INFORMATION

- Vehicle License Plate Number
- Issuing State where plate was issued
- VIN/Serial Number Vehicle identification number or last 5 digits of vehicle's serial number.

EXEMPT PERMIT TYPE

Check the permit type.

CERTIFICATION

- Name Print the name of the person completing this application.
- Signature Written signature of the person completing this application.
- Date Date application was signed.

DELIVERY

Check the requested delivery method. Mail payment with completed application. For credit card payment, fax or mail the
application and the Hauling Permit Office will contact you for payment when the permit is ready to be processed.