

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 Complete the form and mail to Motor Carrier Services at the above address. Application may be faxed to (434) 309-1525. Trip permits are vehicle-specific and are valid for ten days.

TYPE OF TRIP PERMIT (check only one)				<input type="checkbox"/> IRP (\$15.00 fee)				<input type="checkbox"/> MOTOR FUEL ROAD TAX (\$20.00 fee)				<input type="checkbox"/> 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)													
VEHICLE YEAR		MAKE/MODEL		UNIT NUMBER				VEHICLE IDENTIFICATION NUMBER (VIN)									
LICENSE PLATE NUMBER				ISSUING STATE				EXPIRATION DATE (mm/dd/yyyy)				PERMIT REQUESTED DATE (mm/dd/yyyy)					
<input type="checkbox"/> FAX PERMIT TO: ()				<input type="checkbox"/> MAIL PERMIT TO ADDRESS (if different from above)													
						CITY				STATE		ZIP CODE					
CARRIER SIGNATURE										DATE (mm/dd/yyyy)							

PAYMENT METHODS																	
YOU MAY PAY BY CHECK OR MONEY ORDER MADE PAYABLE TO DMV, OR COMPLETE THE FOLLOWING TO CHARGE WITH A MASTER CARD, VISA, OR DISCOVER CREDIT CARD.																	
NAME APPEARING ON CREDIT CARD (print)										DAYTIME TELEPHONE NUMBER ()							
CREDIT CARD NUMBER														DATE CARD EXPIRES (MM/YY)		AMOUNT TO BE CHARGED \$	
I authorize DMV to charge the credit card account listed.				CARD HOLDER SIGNATURE										DATE (mm/dd/yyyy)			

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)	AUTHORIZED SIGNATURE