



LICENSING APPLICATION: SCHEDULE A

Section A: Licensing Information:

LICENSE YEAR: 20

Company Name (Legal Business Name) Account Number
Secretary of State - Business License Number Federal DOT Number (if applicable)
DBA (if used in this State) Federal Employer Identification Number (FEIN)

Table with 4 columns: INDICATE TYPES OF LICENSING REQUIRED, INDICATE TYPE OF OPERATION, INDICATE TYPE OF APPLICATION, PAYMENT OPTION FOR ORIGINAL OR RENEWAL ONLY. Includes checkboxes for various license types and operations.

Section B: General Information:

Physical Address City State Zip
Mailing Address (if different from the physical) City State Zip
Contact/Principal's Full Legal Name and Title Principal's Driver License Number
Contact/Principal's Address
Contact E-Mail Address Contact Phone Number Contact Fax Number

Section C: Additional Information:

1. Was this carrier previously registered in another jurisdiction? No: Yes: If "Yes" where?
2. Location of Records (Physical Address): City State Zip
3. In the spaces below, please list all owners, partners, and/or corporate officers and their titles (attach additional sheets if necessary):
4. Have you or any of your corporate officers or partners ever held a license under a different name or FEIN? No: Yes:
5. Do you maintain bulk fuel storage tanks? No: Yes:
6. Do you sell fuel in Nevada? No: Yes: If "Yes" please indicate the types of fuels sold by selecting the boxes below:
7. Are you consolidating out of state fleets with your Nevada IFTA? No: Yes:
8. Licensing Agent/Reporting Service Name:
Lic. Agent/Reporting Svc. Mailing Address:

You must provide written approval from that jurisdiction(s) and copies of all IRP cab cards on qualified vehicles being consolidated in Nevada.

NOTE: Any vehicles with mileage accrued during the reporting period and/or registered in another jurisdiction MUST be registered with actual mileage, unless otherwise approved in writing by the Appointing Authority or designee.

Under penalties of perjury, the applicant declares that the information given is to the best of the applicant's knowledge true, accurate and complete. The applicant agrees to comply with reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax Agreement, the International Registration Plan, and the Nevada Revised Statutes as applicable.

PLEASE NOTE: THIS APPLICATION MUST BE SIGNED OR IT WILL BE RETURNED TO YOU

Printed Full Legal Name (and title if applicable) Signature Date
Phone # E-Mail Address

For Office Use Only

Table with 6 columns: Date Received, Date Approved, Date Issued, Initials, Account #, Fleet #