



Department of Motor Vehicles
Tax Services
P.O. Box 27422
Richmond, Virginia 23261-7422

MOTOR VEHICLE RENTAL TAX APPLICATION

RT423 (10/02)

FOR DMV USE ONLY

Registration Number

Please print or type

A APPLICANT INFORMATION

Business Name		FEIN/SSN	
Trade Name or D/B/A <i>(If different from Business Name)</i>		Contact Person	
Telephone Number ()	Fax Number ()	e-mail Address	

B ADDRESS INFORMATION *(See back of application for additional business addresses.)*

Street Address where business records are located			City	
State	Zip Code	Contact Person's Name	Contact Person's Title	
Telephone Number ()	Fax Number ()	e-mail Address		
Mailing Address <i>(if different from above)</i>			City	State Zip Code
Telephone Number ()	Fax Number ()	e-mail Address		
Business Location Address <i>(do not list P.O. box)</i>			City	State Zip Code
Telephone Number ()	Fax Number ()	e-mail Address		

C BUSINESS ORGANIZATION INFORMATION

1. Check box that describes the organization of your business.

<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Unincorporated Association
<input type="checkbox"/> Other <i>(Specify)</i>		

2. If you checked *Corporation* above, provide the following information.

State of Incorporation	Date of Incorporation	Accounting Year Ending Month
If your business is not incorporated in Virginia, provide the date your <i>Certificate of Authority to Transact Business in Virginia</i> was granted.		Date

3. Provide the information requested below: *(Attach additional pages if needed.)*

<u>Corporation</u> all corporate officers	<u>Partnership</u> all partners	<u>Sole Proprietorship</u> owner	<u>All Others</u> all general partners, or members, or managers
Full Legal Name	Title	Social Security Number	
Resident Address	City	State	Zip Code
Full Legal Name	Title	Social Security Number	
Resident Address	City	State	Zip Code
Full Legal Name	Title	Social Security Number	
Resident Address	City	State	Zip Code

CONTINUED ON BACK

D LICENSE INFORMATION

Does your business hold any of the following licenses? <input type="checkbox"/> Yes If you checked YES, list the license number(s) below. <input type="checkbox"/> No			
IFTA License Number	Base State	IRP License Number	Base State
Virginia Fuels Tax License Number		Virginia Motor Vehicle Dealer License Number	

E CERTIFICATION **▶▶▶ ALL APPLICANTS MUST COMPLETE THIS SECTION.**

I CERTIFY THAT I HAVE READ THIS APPLICATION AND KNOW AND UNDERSTAND ITS CONTENTS AND THAT ALL INFORMATION HEREIN IS TRUE AND ACCURATE. I UNDERSTAND IT IS UNLAWFUL TO KNOWINGLY MAKE A FALSE STATEMENT ON THE APPLICATION AND THAT ANY VIOLATION MAY BE PROSECUTED AS A CLASS 5 FELONY (§§ 18.2-434 AND 46.2-105).

Authorized Representative's Name <i>(please print)</i>	Title	
Authorized Representative's Signature		Date
Telephone Number ()	Fax Number ()	e-mail Address

ADDITIONAL BUSINESS LOCATION ADDRESSES *(do not list P.O. box)* Attach a separate page if needed.

Street Address	City	State	Zip Code
<input type="checkbox"/> County <input type="checkbox"/> Town of:		Locality Code	
<input type="checkbox"/> City			
Street Address	City	State	Zip Code
<input type="checkbox"/> County <input type="checkbox"/> Town of:		Locality Code	
<input type="checkbox"/> City			
Street Address	City	State	Zip Code
<input type="checkbox"/> County <input type="checkbox"/> Town of:		Locality Code	
<input type="checkbox"/> City			
Street Address	City	State	Zip Code
<input type="checkbox"/> County <input type="checkbox"/> Town of:		Locality Code	
<input type="checkbox"/> City			
Street Address	City	State	Zip Code
<input type="checkbox"/> County <input type="checkbox"/> Town of:		Locality Code	
<input type="checkbox"/> City			
Street Address	City	State	Zip Code
<input type="checkbox"/> County <input type="checkbox"/> Town of:		Locality Code	
<input type="checkbox"/> City			
Street Address	City	State	Zip Code
<input type="checkbox"/> County <input type="checkbox"/> Town of:		Locality Code	
<input type="checkbox"/> City			