



Virginia Department of Motor Vehicles
 Post Office Box 27412
 Richmond, Virginia 23269-0001
 www.dmv.virginia.gov

FOR-HIRE VEHICLES EXEMPT REQUEST

Purpose: Use this form to request an exemption from operating authority when registering vehicles to transport exempt (unregulated) passengers or property for compensation. If you conduct both exempt and non-exempt operations, your vehicle registration must be attached to an **active** operating authority.

Instructions: Submit this form to DMV Motor Carrier Services by fax: (804)367-1058; email: mcsonline@dmv.virginia.gov; or mail to Motor Carrier Services at the address provided above.
 Once this request has been processed, you will be notified by DMV Motor Carrier Services to visit a DMV customer service center to obtain the for-hire registration and license plates.

VEHICLE OWNER INFORMATION				
VEHICLE OWNER NAME		VEHICLE CO-OWNER NAME		DMV VEHICLE OWNER CUSTOMER NUMBER
PRIMARY CONTACT NAME (IF VEHICLE OWNER IS A BUSINESS)			PHONE NUMBER	EMAIL
VEHICLE INFORMATION				
YEAR	MAKE/MODEL	TITLE NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN)	LICENSE PLATE NUMBER
EXEMPT INFORMATION				
Exemptions are for vehicles that ONLY transport the commodity listed for the exemption. Example: John transports packages from one port authority to another. He does not transport to any merchants, warehouses or destinations other than a port authority. John qualifies for the exemption.				
CHECK THE EXEMPT OPERATION(S) FROM THE LIST BELOW:				
PROPERTY			PASSENGER	
<input type="checkbox"/>	Motor vehicles while used exclusively in the transportation of property within the corporate limits of an incorporated cities or town . Name of city or town: _____		<input type="checkbox"/>	Motor vehicles employed solely in transporting school children and teachers.
<input type="checkbox"/>	Motor vehicles controlled and operated by a bona fide cooperative association as defined in the Federal Marketing Act, while used exclusively in the conduct of the business of such association.		<input type="checkbox"/>	Motor vehicles owned or operated by or on behalf of hotels while used exclusively for the transportation of hotel patronage between hotels and local railroad or other common carrier stations.
<input type="checkbox"/>	Motor vehicles used for transporting property by an air carrier or carrier affiliated with a direct air carrier whether or not such property has had or will have a prior or subsequent air movement.		<input type="checkbox"/>	Motor vehicles owned and operated by the United States, the District of Columbia, or any state, or any municipality or any other political subdivision of this Commonwealth, including passenger-carrying motor vehicles while being operated under an exclusive contract with the United States.
<input type="checkbox"/>	Motor vehicles carrying horticultural or agricultural commodities (not including manufactured products thereof).		<input type="checkbox"/>	Motor vehicles while used exclusively in the transportation of passengers within the corporate limits of an incorporated city or town. Name of city or town: _____
<input type="checkbox"/>	Motor vehicles transporting farm supplies to farms.		<input type="checkbox"/>	Motor vehicles while operated under the exclusive regulatory control of a transportation district commission acting pursuant to the Transportation District Act of 1964 (§ 33.2-1900 et seq.) of Title 33.2. Name of transportation district or commission: _____
<input type="checkbox"/>	Poultry and poultry products, meats, butter and cheese produced on a farm.		<input type="checkbox"/>	Motor vehicles used for the transportation of passengers by nonprofit, nonstock corporations funded solely by federal, state or local subsidies, the use of which motor vehicles are restricted as to regular and irregular routes to contracts with four or more counties and, at the commencement of the operation, no certificated carrier provides the same or similar services within such counties. Submit with applications: 501c3 OR 501(c)(7) Name of Corporation: _____
<input type="checkbox"/>	Motor vehicles carrying fertilizer to warehouses for later distribution to local farms.		<input type="checkbox"/>	Motor vehicles that are actively registered with the Washington Metro Area Transit Commission.
<input type="checkbox"/>	Motor vehicles carrying only fish, shellfish.			
<input type="checkbox"/>	Motor vehicles carrying only buttermilk, fresh milk and cream.			
<input type="checkbox"/>	Motor vehicles carrying only newspapers.			
<input type="checkbox"/>	Motor vehicles used only to transport property from one VA port to another VA port.			
<input type="checkbox"/>	Motor vehicles carrying only slate.			
<input type="checkbox"/>	Motor vehicles collecting and disposing of trash, garbage, or refuse. (FLUFF)			
<input type="checkbox"/>	Motor vehicles hauling for the Department of Transportation.			
<input type="checkbox"/>	Motor vehicles carrying only water, snow, ice.			
<input type="checkbox"/>	Motor vehicles carrying only forest products, including lumber and staves (but not including manufactured products thereof).			
<input type="checkbox"/>	Motor vehicles carrying only livestock.			

POWER OF ATTORNEY FOR NON-RESIDENT(S) AND CORPORATION(S) NOT DOMICILED IN VIRGINIA

Pursuant to the provisions of Virginia Code §46.2-601, I/we appoint the Commissioner of the Department of Motor Vehicles of the Commonwealth of Virginia, to be my/our true and legal agent upon whom all legal processes against me/us may be served in any legal proceeding arising from the operation and/or use of any motor vehicle registered in my/our name(s) in the Commonwealth of Virginia. I/we agree that any lawful process or notice to me/us which is served on the Commissioner shall have the same legal effect as if served on me/us within the Commonwealth of Virginia.

INSURANCE CERTIFICATION

I/We certify that this vehicle is insured by a liability policy issued through an insurance company licensed to do business in Virginia and it will remain insured while registered, whether or not it is operated. Penalties are severe for violation of this requirement.

NAME OF INSURANCE COMPANY

CERTIFICATION

VEHICLE OWNER (PRINT)	VEHICLE OWNER SIGNATURE	DATE (mm/dd/yyyy)
VEHICLE CO-OWNER (PRINT)	VEHICLE CO-OWNER SIGNATURE	DATE (mm/dd/yyyy)