



## NOTIFICATION OF DEACTIVATED MOTOR CARRIER FLEET

**Purpose:** Use this form if you have deactivated the registration of all vehicles used to perform a service authorized by a DMV certificate or permit that you want to keep. You are not required to maintain proof of vehicle liability insurance with DMV while the registration of all vehicles in your fleet are deactivated.

**Annual Renewal:** If it is your intent to keep your Operating Authority certification, then your DMV operating authority certificates and permits must be renewed annually. When you receive an operating authority renewal form during the time the registration of your fleet is deactivated, you must complete and return the form.

**Bond/Letter of Credit Requirements:** For certificate holders still in the bond or letter of credit requirement period, you must maintain such surety bond or letter of credit on file with DMV while the vehicle registrations are deactivated.

### BUSINESS INFORMATION

BUSINESS NAME (for individuals, give full legal name)	FEDERAL TAX IDENTIFICATION NUMBER/ SSN
TRADE NAME OR DOING BUSINESS AS ( if different from Business Name)	EMAIL ADDRESS
NAME AND TITLE OF PERSON COMPLETING THIS FORM	TELEPHONE NUMBER
CERTIFICATE OR PERMIT NUMBER(S)	

### CERTIFICATION

I certify and affirm under penalty of perjury, that:

- Completion of this form confirms my deactivation of the registration of all vehicles, whether owned or leased, used to perform the service authorized by operating authority certificates or permits designated above,
- I understand that operating a vehicle with deactivated registration may result in immediate revocation of the registration pursuant to Virginia Code § 46.2-609(A) and confiscation of license plates pursuant to § 46.2-612(B)(2) of the Code. In addition, any such violation may also lead to the suspension and/or revocation of the operating authority certificates or permits designated above pursuant to Virginia Code §§ 46.2-2011.23, 46.2-2011.24(20), 46.2-2132, 46.2-2133(18), or 46.202134(2), and
- I understand that making a false statement or misrepresentation on this certification form is a criminal violation.

AUTHORIZED REPRESENTATIVE NAME (print)	TITLE
AUTHORIZED REPRESENTATIVE SIGNATURE	DATE (mm/dd/yyyy)

### SUBMISSION INFORMATION

This form may be submitted to DMV Motor Carrier Services by any of the following methods:

**Mail:** DMV, Motor Carrier Services  
P. O. Box 27412  
Richmond, VA 23269-0001

**Fax:** 804-367-1058

**Email:** [mcsonline@dmv.virginia.gov](mailto:mcsonline@dmv.virginia.gov)

**NOTE:** Vehicle registration deactivation and reactivation service options include DMV Customer Service Centers, calling DMV at 804-497-7100, DMV Selects, online at [https://www.dmv.virginia.gov/dmvnet/reg\\_deactivate/deactivate\\_intro.aspx](https://www.dmv.virginia.gov/dmvnet/reg_deactivate/deactivate_intro.aspx) (to deactivate) or [https://www.dmv.virginia.gov/dmvnet/reg\\_deactivate/reactivate\\_intro.aspx](https://www.dmv.virginia.gov/dmvnet/reg_deactivate/reactivate_intro.aspx) (to reactivate), or by mail.