

Nebraska Combined IRP/IFTA Application
IRP Complete Black & Red Areas/IFTA Complete Black Area Only
Please print clearly and sign on page 4

Applying for:	<input type="checkbox"/> IRP (International Registration Plan)	Effective Date _____
	<input type="checkbox"/> IFTA (International Fuel Tax Agreement)	Effective Date _____
Have you previously been registered in Nebraska or any other jurisdiction? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Check all that apply and provide account numbers: <input type="checkbox"/> IFTA # _____ <input type="checkbox"/> IRP # _____		
Jurisdiction _____		
Were you or any other affiliated company ever revoked? <input type="checkbox"/> Yes <input type="checkbox"/> No if yes, name of company _____		

PAYMENT ON NEW IRP APPLICATIONS MUST BE IN THE FORM OF CASH, MONEY ORDER OR CASHIER CHECK

COMPANY INFORMATION			
Federal Tax Identification Number (FTIN): _____			
LEGAL NAME: _____			
D/B/A (Doing Business As) if different from legal name: _____			
<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Corporation (LLC) <input type="checkbox"/> Other			
Are you leasing to a Motor Carrier? <input type="checkbox"/> No <input type="checkbox"/> Yes If YES with whom? _____			
PHYSICAL ADDRESS: _____			
Street	City	State	Zip Code
MAILING ADDRESS: _____			
<i>(If different than physical address)</i> Street			
City	State	Zip Code	
Phone Number: _____		Fax Number: _____	
		Cell Number: _____	

OWNERS, PARTNER, CORPORATION OFFICERS OR MEMBERS <i>(one of the listed individuals must sign as Applicant)</i>			
Position: _____	Name: _____	SSN: _____	
	Address: _____	Phone Number: _____	
Position: _____	Name: _____	SSN: _____	
	Address: _____	Phone Number: _____	
Position: _____	Name: _____	SSN: _____	
	Address: _____	Phone Number: _____	

For office use only:			
<input type="checkbox"/> Residency 1. _____	2. _____	3. _____	
<input type="checkbox"/> Previous history (IFTA)	<input type="checkbox"/> Record Keeping Information	<input type="checkbox"/> W-9	<input type="checkbox"/> Previous Registration

Nebraska Motor Carrier Services
 PO Box 94729 • Lincoln, NE 68509
 402-471-4435 • Fax 402-471-4024
 www.dmv.nebraska.gov



IFTA CARRIER SECTION

County Name: _____ County Number: _____

IFTA Contact Information: Name: _____ Phone: _____

Fax: _____ Cell: _____

FUEL TYPE: Diesel Only Other

Bank Name: _____ Address: _____

Do you maintain Bulk Fuel? Yes No if yes, what jurisdiction(s) is it maintained? _____
 Gasoline Diesel Other**IRP CARRIER SECTION**

County Name: _____ County Number: _____

USDOT Number: _____

Nebraska Sales Tax Exemption Number: _____

IRP Contact Information: Name: _____ Phone: _____

Fax: _____ Cell: _____

CARRIER TYPE: For Hire Household Goods Private

Briefly describe your type of operation: _____

*If you have a reporting service or agent to complete your paper work, complete the sections below and attach power of attorney***REPORTING SERVICE SECTION: IFTA**

Reporting Service Name: _____

Federal Employer Identification Number (FEIN): _____

PHYSICAL ADDRESS: _____

Street City State Zip Code

MAILING ADDRESS: _____

(If different than physical address) Street City State Zip Code

Phone Number: _____ Fax Number: _____ Cell Number: _____

Service to receive bills, plates, refunds, etc.? Yes No**REPORTING SERVICE SECTION: IRP** *(if same as IFTA write "same")*

Reporting Service Name: _____

Federal Employer Identification Number (FEIN): _____

PHYSICAL ADDRESS: _____

Street City State Zip Code

MAILING ADDRESS: _____

(If different than physical address) Street City State Zip Code

Phone Number: _____ Fax Number: _____ Cell Number: _____

Service to receive bills, plates, refunds, etc.? Yes No**IFTA License Fees**\$10.00 for the first qualified vehicle plus \$1.00 for each additional vehicle, fees **MUST ACCOMPANY THE APPLICATION**

First Qualified Motor Vehicle \$ 10.00

Plus _____ Additional Qualified Motor Vehicles @ \$1.00 each \$ _____

Total Fees Enclosed \$ _____Nebraska Motor Carrier Services
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JURISDICTION SCHEDULE (IRP only)

Enter the declared combined gross weight (CGW) of this fleet

If some of your units run at a different weight than the CGW listed, attach a listing with the unit number, state and weight.
 Shaded jurisdictions are for reporting miles only, not eligible for apportion registration.

Indicate with a check (✓) in the box below the method used to declare distance:

- Actual miles operated during the preceding July 1-June 30 or a portion thereof
 I have no actual miles during the preceding July 1-June 30, use Average Per-Vehicle Distance

Jurisdiction	CGW	Actual Distance	Jurisdiction	CGW	Actual Distance	Jurisdiction	CGW	Actual Distance	Jurisdiction	CGW	Actual Distance
AB Alberta			AK Alaska			AL Alabama			AR Arkansas		
AZ Arizona			BC Brit Columbia			CA California			CO Colorado		
CT Connecticut			DC Dist of Columbia			DE Delaware			FL Florida		
GA Georgia			IA Iowa			ID Idaho			IL Illinois		
IN Indiana			KS Kansas			KY Kentucky			LA Louisiana		
MA Massachusetts			MB Manitoba			MD Maryland			ME Maine		
MI Michigan			MN Minnesota			MO Missouri			MS Mississippi		
MT Montana			MX Mexico			NB New Brunswick			NC North Carolina		
ND North Dakota			NE Nebraska			NH New Hampshire			NJ New Jersey		
NL New Foundland			NM New Mexico			NS Nova Scotia			NT NW Territories		
NV Nevada			NY New York			OH Ohio			OK Oklahoma		
ON Ontario			OR Oregon			PA Pennsylvania			PE PE Island		
QC Quebec			RI Rhode Island			SC South Carolina			SD South Dakota		
SK Saskatchewan			TN Tennessee			TX Texas			UT Utah		
VA Virginia			VT Vermont			WA Washington			WI Wisconsin		
WV West Virginia			WY Wyoming			YT Yukon					

TRUCK SAFETY REGISTRATION DECLARATION

These regulations are applicable to all registrants operating vehicles in commerce:

1. With gross vehicle weight rating (GVWR), gross combination weight rating (GCWR), gross vehicle weight, or gross combination weight over 10,000 pounds; or
2. Were designed or used to transport more than 8 passengers, including the driver, for compensation; or
3. Designed or used to transport more than 15 passengers, including the driver, and not used for compensation; or
4. Used to transport hazardous materials as defined in 49 C.F.R. Part 171; or
5. Registered as farm vehicle for gross weights over 16 ton.

In 1986, the Nebraska Legislature adopted Federal Motor Carrier Safety Regulations and the Federal Hazardous Materials Regulations as part of state law (§75-363-75-364). These safety regulations apply to all interstate motor carriers and intrastate motor carriers operating vehicles meeting any of the criteria listed above. Farm vehicles registered for 16 ton or less and operating strictly within the State of Nebraska are exempt from some of these regulations. The Federal Motor Carrier Safety Regulations are available on-line for viewing at Federal Motor Carrier Safety Administration's website www.fmcsa.dot.gov. The Federal Hazardous Materials Regulations are available on-line for viewing at the Pipeline and Hazardous Materials Administration's website www.phmsa.dot.gov. Questions about these regulations may be addressed to the Nebraska State Patrol, Carrier Enforcement Division, 3920 W. Kearney St, Lincoln, NE 68524, telephone (402) 471-0105.

IN ORDER TO NOTIFY ALL APPLICABLE REGISTRANTS OF VEHICLES OPERATED IN COMMERCE OF THESE REGULATIONS, STATE LAW REQUIRES THIS DECLARATION BE GIVEN TO EACH APPLICABLE REGISTRANT AND THE REGISTRANT SIGN THE VEHICLE REGISTRATION FORM INDICATING THIS DECLARATION WAS READ.

"I declare that I am aware that the Nebraska Legislature adopted as part of state law. Federal Motor Carrier Safety Regulation 49 C.F.R. Parts 382,385,386,387,390,391,392,393,395,396,397 and 398 including those highway related portions of the Federal Hazardous Material Regulations 49 C.F.R. Parts 107 subpart G & F,171,172,173,177,178 and 180 which are applicable to certain motor vehicles."

Furthermore, under penalties of law, I declare that I have examined this application, and to the best of my knowledge and belief, the information given is true, accurate and complete.

I agree to comply with all applicable reporting, payment, record keeping, and license display requirements as specified in the International Fuel Tax Agreement, International Registration Plan and Nebraska law. I further agree that Nebraska may withhold any refunds due if I am delinquent on payment of any fuel taxes or registration fees due under Nebraska law or the International Fuel Tax Agreement or the International Registration Plan. I understand that failure to comply with all applicable provisions of Nebraska law, the International Fuel Tax Agreement and International Registration Plan, shall be grounds for revocation of my license.

Sign
Here → _____
Signature of Owner, Partner, Corporate Officer, Member or Person Authorized by attached Power of Attorney
Date

Title Telephone Number

IRP REGISTRATION FEES: *We will process your application and provide an itemized statement of the IRP registration fees due.*

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Revised 5/2018

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IRP Vehicle Listing

Name as shown on application	Federal Taxpayer Identification Number (FTIN)	USDOT
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1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	
Unit/Equip Number	Year	Make	Vehicle Identification Number (VIN)	Bus HP	Type	Axles / Seats	Comb Axles	Fuel	Combined Gross Weight (CGW)	Gross Weight	Unladen Weight	Purchase Price	Purchase Date	Name of Owner		Title Number
1																
<i>Is this truck (TK) a wrecker/tow? <input type="checkbox"/> Yes</i>									*USDOT	**FTIN			***Is the carrier responsible for safety expected to change during the year? Yes No			
<i>Power unit identified above please fill out the following →</i>																
2																
<i>Is this truck (TK) a wrecker/tow? <input type="checkbox"/> Yes</i>									*USDOT	**FTIN			***Is the carrier responsible for safety expected to change during the year? Yes No			
<i>Power unit identified above please fill out the following →</i>																
3																
<i>Is this truck (TK) a wrecker/tow? <input type="checkbox"/> Yes</i>									*USDOT	**FTIN			***Is the carrier responsible for safety expected to change during the year? Yes No			
<i>Power unit identified above please fill out the following →</i>																
4																
<i>Is this truck (TK) a wrecker/tow? <input type="checkbox"/> Yes</i>									*USDOT	**FTIN			***Is the carrier responsible for safety expected to change during the year? Yes No			
<i>Power unit identified above please fill out the following →</i>																
5																
<i>Is this truck (TK) a wrecker/tow? <input type="checkbox"/> Yes</i>									*USDOT	**FTIN			***Is the carrier responsible for safety expected to change during the year? Yes No			
<i>Power unit identified above please fill out the following →</i>																
6																
<i>Is this truck (TK) a wrecker/tow? <input type="checkbox"/> Yes</i>									*USDOT	**FTIN			***Is the carrier responsible for safety expected to change during the year? Yes No			
<i>Power unit identified above please fill out the following →</i>																

Instructions:

Column 1	Assigned Unit/Equip. number	Column 7	Axles or seat if a bus	
Column 2	Year of vehicle	Column 8	Combined Axles: power unit axles + trailer or semi-trailer axles	*USDOT number assigned to vehicle
Column 3	Vehicle Make	Column 9	Fuel: (D) Diesel-(E) Electric (G) Gasoline (H) Hybrid (F) CNG (P) Propane	**FEIN assigned to the USDOT number
Column 4	Complete VIN	Column 10	Combined Gross Weight	***Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year by lease? Circle Yes or No
Column 5	Horsepower (Bus)	Column 11	Gross Weight	
Column 6	Unit Type: <i>TT-Truck-Tractor, TR-Tractor, TK-Truck (Single), ST-Semi-trailer, FT-Full-trailer, BS-Bus</i>	Column 12	Unladen (empty) Weight	
		Column 13	Purchase Price	
		Column 14	Date of Purchase	
		Column 15	Owner	
		Column 16	Title Number and State of Issuance	

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