

Dept. of Motor Vehicles, Motor Carrier Services Division  
Application for Authorized Agent Representation and Electronic Filing  
and Signature Authorization

Authorized Agent Name \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip Code \_\_\_\_\_

Contact Name and E-mail Address \_\_\_\_\_

Federal Employer ID \_\_\_\_\_

This Agreement with the Motor Carrier Services Division is entered into pursuant to the provisions of the International Registration Plan and Neb. Rev. Stat. § 60-356 and the International Fuel Tax Agreement and Neb. Rev. Stat. § 66-1401 by the Authorized Agent listed above to represent and electronically file any renewals, returns, and applications (“filings”) as required.

It is agreed that:

1. The signature of the Authorized Agent affixed to this Agreement shall be deemed to appear on such filings and further all filings are deemed by the Authorized Agent to be truthful, accurate and complete statements made under penalty of perjury.
2. The Authorized Agent shall be responsible for all costs associated with the transmission of such filings.
3. Upon discovery of any errors on any filing the Authorized Agent will contact the Motor Carrier Services Division immediately and not later than the next business day after the discovery to correct the error.
4. This Agreement may be amended at any time by the execution of a written addendum to this Agreement executed by the parties.
5. The Motor Carrier Services Division or the Authorized Agent may terminate this Agreement at any time for any reason upon giving the other party 10 days written notice. The Motor Carrier Services Division shall immediately terminate the Agreement if the Authorized Agent abuses or exceeds the authority granted under this Agreement, including but not limited to the use, disclosure, or sale of personal information received under this Agreement in a manner not authorized by the Nebraska Uniform Motor Vehicle Records Disclosure Act.
6. The Authorized Agent shall assume all risk of loss and hold the State of Nebraska, its employees, agents, assignees and legal representatives harmless from all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgements and all expenses incident thereto, for injuries to persons and for loss of, damage to, or destruction of property arising out of or in connection with the execution of the terms of the Agreement.

The following Nebraska IRP and/or IFTA carriers will be represented by the Authorized Agent. If more carriers are represented, attach the carrier's name, ID number, and FEIN as an addendum to this application.

Carrier Name \_\_\_\_\_ Carrier ID Number \_\_\_\_\_ Carrier FEIN \_\_\_\_\_

Carrier Name \_\_\_\_\_ Carrier ID Number \_\_\_\_\_ Carrier FEIN \_\_\_\_\_

Carrier Name \_\_\_\_\_ Carrier ID Number \_\_\_\_\_ Carrier FEIN \_\_\_\_\_

**Sign**

**Here** \_\_\_\_\_  
Authorized Signature Telephone Number

\_\_\_\_\_  
Title Date