

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



Applying for: ☐ IRP (International Registration Plan) Effective Date _____
☐ IFTA (International Fuel Tax Agreement) Effective Date _____

Have you previously been registered in Nebraska or any other jurisdiction? ☐ Yes ☐ No

Check all that apply and provide account numbers: ☐ IFTA # _____ ☐ IRP # _____
Jurisdiction _____

Were you or any other affiliated company ever revoked? ☐ Yes ☐ No if yes, name of company _____

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

COMPANY INFORMATION

Federal Tax Identification Number (FTIN): _____ USDOT Number: _____

LEGAL NAME: _____

D/B/A (Doing Business As) if different from legal name: _____

☐ Sole Proprietor ☐ Partnership ☐ Corporation ☐ Limited Liability Corporation (LLC) ☐ Other

Are you leasing to a Motor Carrier for safety? ☐ No ☐ Yes if YES with whom? _____

PHYSICAL ADDRESS: _____ City: _____

State: _____ Zip Code: _____ Is your address inside the city limits: ☐ Yes ☐ No

MAILING ADDRESS: _____ City: _____

(If different than physical address)

State: _____ Zip Code: _____

Primary Phone Number (required): _____ Cell Number: _____

Email address (required) : _____

IRP CARRIER SECTION

Nebraska Sales Tax Exemption Number: _____ Email Notification: ☐ Yes ☐ No

IRP Contact Information: Name: _____ Phone: _____ Cell: _____

CARRIER TYPE: ☐ For Hire ☐ Private **COMMODITY CLASS:** ☐ All ☐ Exempt ☐ Household Goods

Briefly describe your type of operation: _____

MY FLEET HAS WYOMING INTRASTATE AUTHORITY: ☐ Yes ☐ No

For office use only

☐ Residency 1. _____ 2. _____ 3. _____

☐ Previous history (IFTA) ☐ Record Keeping Information ☐ W-9 ☐ Previous Registration ☐ Power of Attorney

Nebraska Motor Carrier Services
PO Box 94729 • Lincoln, NE 68509-4729
402-471-4435 • Fax 402-471-4024
dmv.nebraska.gov

IFTA CARRIER SECTION:

IFTA Contact Information Name: _____ Phone: _____

Cell: _____ Email Notification: ☐ Yes ☐ NoIf application is for **IFTA ONLY** list reason (i.e. Farmer, Leased Vehicle): _____**[for IFTA ONLY carriers, we will need to see copies of registrations that will be using the IFTA license.]****FUEL TYPE:** ☐ Diesel ☐ Gasoline ☐ Propane ☐ CNG ☐ Electric ☐ Hydrogen ☐ Other _____

Bank Name: _____ Bank Address: _____

Do you maintain Bulk Fuel? ☐ Yes ☐ No If yes, what jurisdiction(s) is it maintained? _____☐ Gasoline ☐ Diesel ☐ Other _____**If you have an authorized agent completing your paper work, complete the sections below and attach power of attorney (POA).****AUTHORIZED AGENT SECTION:****Tie agent to:** ☐ IRP Fleet ☐ IFTA License

Reporting Service Name: _____

Federal Employer Identification Number (FEIN): _____

PHYSICAL ADDRESS: _____

MAILING ADDRESS: _____

(If different than physical address)

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

Do you want the Reporting Service to receive bills, plates, refunds, etc.? ☐ Yes ☐ No**OWNERS, PARTNER, CORPORATION OFFICERS OR MEMBERS (one of the listed individuals must sign as Applicant)**

Name: _____ Title: _____ Email: _____

Drivers License State: _____ Drivers License Number: _____ Phone: _____

Owner Street: _____ City: _____ State: _____ Zip code: _____

Name: _____ Title: _____ Email: _____

Drivers License State: _____ Drivers License Number: _____ Phone: _____

Owner Street: _____ City: _____ State: _____ Zip code: _____

Name: _____ Title: _____ Email: _____

Drivers License State: _____ Drivers License Number: _____ Phone: _____

Owner Street: _____ City: _____ State: _____ Zip code: _____

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 \$ _____

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	Registered Weight	Actual Distance	Jurisdiction	Registered Weight	Actual Distance	Jurisdiction	Registered Weight	Actual Distance	Jurisdiction	Registered Weight	Actual Distance
AB Alberta			AK Alaska			AL Alabama			AR Arkansas		
AZ Arizona			BC Brit Columbia			CA California			CO Colorado		
CT Connecticut			DC District 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			Total		

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, 4600 Innovation Dr., Lincoln, NE 68524, phone (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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