

INSTRUCTIONS FOR COMPLETING IRP/IFTA APPLICATION

All first-time applicants are required to complete and sign a *Nebraska Combined IRP / IFTA application*. This application may be used for licensing under both the International Registration Plan (IRP) and the International Fuel Tax Agreement (IFTA) programs. When completing the application, indicate in the appropriate box(es) which program(s) you are applying for. If you have been previously enrolled in either program, indicate so in the appropriate area. (Even if you were licensed in another state)

These instructions are meant to assist you in completing the application. They do not provide every detail on the IRP and IFTA programs. Please refer to the Motor Carrier Services Manual for more information.

In order to register in Nebraska as an apportioned carrier, you must have an **Established Place of Business** in Nebraska. (If you do not have an Established Place of Business, you must be able to prove you are a **Resident** of Nebraska). Your fleet must accrue miles in Nebraska and you must keep the mileage/operational records of your fleet at your business. (Exceptions can be made regarding mileage records if you have businesses located in other states)

Established Place of Business means a physical structure located within the Base Jurisdiction that is owned or leased, such lease agreements shall be for no less than 12 months by the Applicant or Registrant and whose street address shall be specified by the Applicant or Registrant. The physical structure shall have clear company signage and hours of operation posted, be open for business and shall be staffed a minimum of 20 hours per week by one or more persons employed by the Applicant or Registrant on a permanent basis (i.e. not an independent contractor) for the purpose of the general management of the Applicant's or Registrant's trucking-related business (i.e. not limited to credentialing, distance and fuel reporting, and answering telephone inquiries). Trucking-related business encompasses a wide range of activities related to the transportation of goods by trucks.

If you do not have an Established Place of Business, you must be able to establish proof of **Residence** in Nebraska. In order to prove residency, you must be able to provide a Copy of Nebraska Driver's License [showing Nebraska physical address] with 2 of the following:

- (1) Copy of Federal Income Tax return showing NE address
- (2) Copy of NE Income Tax return showing NE address
- (3) Copy of real estate or personal property tax statement showing NE address
- (4) Copy of utility bill showing NE address
- (5) Copy of personal vehicle title/registration showing NE address
- (6) Copy of rental/lease agreement for residence
- (7) Other proof the Department deems pertinent

If you have questions in your ability to satisfy the above listed requirements, contact Motor Carrier Services (402) 471 4435.

COMPANY INFORMATION: Complete this section in full. Provide Employer Identification Number (EIN). The address section requires your *PHYSICAL* address and is where the carrier has an established place of business or residence. This cannot be a post office box and **MUST BE A NEBRASKA ADDRESS**. If you have a mailing address different than the physical (i.e. post office box) that you want correspondence, billing notices and registration credentials mailed to indicate the address in the "mailing address" section of the application.

We need a W-9 and signed copy of Notice of Record Keeping Document. Both forms can be found at: dmv.nebraska.gov/forms under Motor Carrier/Trucking under IRS Forms and Miscellaneous Forms.

IRP CARRIER SECTION: Complete this section in full if applying for IRP. The contact name is the individual who is available during business hours to answer questions regarding registration applications.

IFTA CARRIER SECTION: Complete this section in full if applying for IFTA.

REPORTING SERVICE/AGENT: The grayed sections of the application need only be completed if you have a reporting service or licensing agent to complete your paper work. Enter the reporting service's EIN. Fill out the information for both IRP and IFTA or whichever one applies and attach a power of attorney (POA).

JURISDICTION SCHEDULE: Complete this section in full if you are applying for IRP. This information is used in the registration fee calculation.

CGW Column: Enter the declared combined gross weight (CGW) for this fleet. If you have units that will require different weights than the CGW listed, attach a listing with unit number, state and weight.

If you have prior IRP history:

- **Registrations effective January 1 through August 31:**
 - Enter actual miles for the preceding year (July 1–June 30), or the applicable portion thereof. For example, if your registration is effective June 1, 2026, report miles from July 1, 2024, through June 1, 2025
- **Registrations effective September 1 through December 31:**
 - Enter actual miles for the most recent reporting year (July 1–June 30). For example, if your registration is effective September 1, 2026 report miles from July 1, 2025, through June 30, 2026

REGISTRATION FEES:

IFTA: List the quantity of IFTA decals you will require. One set of decals has two decals; one decal must be placed on the lower exterior portion of the cab's passenger side. The second decal must be placed in the same position on the driver's side. The fee is \$10 for the first set of decals and \$1 for each additional set.

IRP: You will be billed for the IRP fees.

NOTE: PAYMENT ON NEW IRP APPLICATIONS MUST BE A MONEY ORDER, CASHIER CHECK, CERTIFIED CHECK, CREDIT/DEBIT CARD, OR CASH.

TRUCK SAFETY REGISTRATION DECLARATION: Read the declaration, sign and date. The declaration MUST be signed for the application to be accepted.

VEHICLE LISTING: List all power and trailer units you want to register and complete all columns. The instructions for completing this listing are located at the bottom of the form. **For power units only:** include the USDOT number assigned to each unit, EIN assigned to the USDOT number and answer yes or no to the question "Is the carrier responsible for safety expected to change during the year?"

If you have questions completing this application, contact us at 402 471 4435.

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? _____

Do you have an established place of business in Nebraska? [] Yes [] No

If NO you can use residency to establish an account

Establish Place of Business/Residency proof

1. _____ 2. _____ 3. _____

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:

[] Establish Place of Business 1. _____ 2. _____ 3. _____

[] Residency 1. _____ 2. _____ 3. _____

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

IFTA CARRIER SECTION:

IFTA Contact Information Name: _____ Phone: _____

Cell: _____ Email Notification: Yes No

If 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 (v) 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.*

PLEASE NOTE: PAYMENT ON NEW IRP APPLICATIONS MUST BE IN THE FORM OF CASH, MONEY ORDER, CASHIERS CHECK, OR CREDIT CARD

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

Nebraska Combined IRP/IFTA Application

IRP Vehicle Listing

| | | |
|------------------------------|---|-------|
| Name as shown on application | Federal Taxpayer Identification Number (FTIN) | USDOT |
|------------------------------|---|-------|

| 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 | Body Type | Axles / Seats | Comb Axles | Fuel | Combined Gross Weight (CGW) | Unladen Weight | Purchase Price | Purchase Date | First Registration: Yes / No | Name of Owner | Title Number |
| 1 | | | | | | | | | | | | | | | |
| <i>Power unit identified above please fill out the following →</i> | | | | | | | | | *USDOT | | **FEIN | | | ***Is the carrier responsible for safety expected to change during the year? Yes No | |
| 2 | | | | | | | | | | | | | | | |
| <i>Power unit identified above please fill out the following →</i> | | | | | | | | | *USDOT | | **FEIN | | | ***Is the carrier responsible for safety expected to change during the year? Yes No | |
| 3 | | | | | | | | | | | | | | | |
| <i>Power unit identified above please fill out the following →</i> | | | | | | | | | *USDOT | | **FEIN | | | ***Is the carrier responsible for safety expected to change during the year? Yes No | |
| 4 | | | | | | | | | | | | | | | |
| <i>Power unit identified above please fill out the following →</i> | | | | | | | | | *USDOT | | **FEIN | | | ***Is the carrier responsible for safety expected to change during the year? Yes No | |
| 5 | | | | | | | | | | | | | | | |
| <i>Power unit identified above please fill out the following →</i> | | | | | | | | | *USDOT | | **FEIN | | | ***Is the carrier responsible for safety expected to change during the year? Yes No | |
| 6 | | | | | | | | | | | | | | | |
| <i>Power unit identified above please fill out the following →</i> | | | | | | | | | *USDOT | | **FEIN | | | ***Is the carrier responsible for safety expected to change during the year? Yes No | |

Instructions:

Column 1 Assigned Unit/Equip. number
 Column 2 Year of vehicle
 Column 3 Vehicle Make
 Column 4 Complete VIN
 Column 5 Horsepower (Bus)
 Column 6 Unit Type: *TT-Truck-Tractor, WR-Wrecker/Tow, TR-Tractor, TK-Truck (Single), ST-Semi-trailer, FT-Full-trailer, BS-Bus*

Column 7 Axles or seat if a bus
 Column 8 Combined Axles: power unit axles + trailer or semi-trailer axles
 Column 9 Fuel: (D) Diesel-(E) Electric (G) Gasoline (H) Hybrid (F) CNG (P) Propane
 Column 10 Combined Gross Weight
 Column 11 Unladen (empty) Weight
 Column 12 Purchase Price
 Column 13 Date of Purchase
 Column 14 Is this your first registration
 Column 15 Owner
 Column 16 Title Number and State of Issuance

*USDOT number assigned to vehicle
 **FEIN assigned to the USDOT number
 ***Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year by lease? Check: Yes or No
 ****A copy of the safety lease is required if the DOT number is different from the carrier registering the vehicle.
 *****If first registration is NO, prior registration is required to be provided

Revised 5/2026

Nebraska Motor Carrier Services
 PO Box 94729 • Lincoln, NE 68509
 402-471-4435 • Fax 402-471-3920
www.dmv.nebraska.gov

NEW CARRIER CHECKLIST

1. **Application**

Complete Combined IRP/IFTA application & vehicle listing
Provide proof of base jurisdiction requirements

2. **Federal Heavy Vehicle Use Tax** (this is required for all power units over 55,000 lbs.)

Photocopy of IRS **Form 2290** Schedule 1 receipted by the IRS with VIN's listed if owner has owned vehicle over sixty (60) days. Not needed if vehicle purchased within the last sixty (60) days

3. **Previous Registration**—*if applicable*

If county registered in Nebraska, provide a copy of the county registration
If registered in another jurisdiction, provide a copy of the current cab card

4. **Titles**

If you need a **new** title you **must**—

Complete title application, and include the following:

Original title signed by seller and purchaser

Title fee of \$10.00, and an additional \$7.00 for lien notation

(Check made payable to DMV)

Signed Security Agreement if lien is to be noted

5. **Form 6 (Sales Tax & Tire Fee)**—*Complete in FULL*

Seller's signature or copy of bill of sale

Exemption category checked, and exemption number entered *(if applicable)*

Signed and dated by person claiming exemption *(if applicable)*

- Provide copy of Nebraska Department of Revenue Common Carrier Certificate of Exemption or Nebraska Department of Revenue Sales Tax Permit
- If exemption number has not been issued, provide copy of the sales tax exemption application. Applications can be obtained through the Nebraska Department of Revenue at 800-742-7474

Check made payable to DMV for the amount shown on line 11

Tire fee is due on "new" qualified vehicles. (New vehicle is one which has a Manufacturer's Statement of Origin, MSO)

6. Notice of Record-keeping Requirements for IFTA/IRP

Signed & dated by owner or corporate officer

7. W-9 Form

Complete IRS Form W-9 (see below)

The IRP fees for a new carrier are payable by certified funds only (i.e. cashier's check, money order, credit/debit card, or cash)

Instructions for providing a W-9:

- Before the NEDMV can process a refund for you, we are required to verify your Federal Tax Identification Number (FTIN). This is done by the completion of the form W-9. To obtain a W-9, contact our office or download a form at: www.irs.gov/pub/irs-pdf/fw9.pdf.

- To receive your refund via ACH, please complete the ACH section and provide a copy of a voided check.