

- Change of Ownership
- Name or Address Change:

Name Change

Address Change

City/State/Zip Code

Carrier/Fleet Number: _____

IRP SUPPLEMENTAL APPLICATION

NE MOTOR CARRIER SERVICES

PO BOX 94729 • LINCOLN, NE 68509-4729

Name of Applicant	Contact Person	Phone ()	Federal Tax Identification Number	Sales Tax Exempt Number	License Year
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DECLARED JURISDICTIONAL WEIGHTS — List the Operating Weight for each jurisdiction

AB	AL	AR	AZ	BC	CA	CO	CT	DC	DE	FL	GA
IA	ID	IL	IN	KS	KY	LA	MA	MB	MD	ME	MI
MN	MO	MS	MT	NB	NC	ND	Nebraska	NH	NJ	NL	NM
NS	NV	NY	OH	OK	ON	OR	PA	PE	QC	RI	SC
SD	SK	TN	TX	UT	VA	VT	WA	WI	WV	WY	

ADDITIONS

	Equip. Number	Model Year	Make	Model	Vehicle Identification Number (VIN)	Type ¹	Bus HP	Axles/Seats	Comb Axles ³	Fuel ²	Nebraska CGW	Gross Weight	Unladen Weight	Name of Owner/Lessor	Title Number	Purchase Price	Date of Purchase	Month Charged	
1																			
Is this truck (TK) a wrecker/tow? <input type="checkbox"/> Yes Power unit identified above please fill out the following →						USDOT ⁴		FTIN ⁵		Is the carrier responsible for safety expected to change during the year? Yes No ⁶									
2																			
Is this truck (TK) a wrecker/tow? <input type="checkbox"/> Yes Power unit identified above please fill out the following →						USDOT ⁴		FTIN ⁵		Is the carrier responsible for safety expected to change during the year? Yes No ⁶									
3																			
Is this truck (TK) a wrecker/tow? <input type="checkbox"/> Yes Power unit identified above please fill out the following →						USDOT ⁴		FTIN ⁵		Is the carrier responsible for safety expected to change during the year? Yes No ⁶									
4																			
Is this truck (TK) a wrecker/tow? <input type="checkbox"/> Yes Power unit identified above please fill out the following →						USDOT ⁴		FTIN ⁵		Is the carrier responsible for safety expected to change during the year? Yes No ⁶									

DELETIONS

Apportioned License Plate Number	Deleted Equipment Number	Year	Make	Vehicle Identification Number	Licensed Weight	Added Equipment Number	Reason Removed	Date Sold/Lease Terminated	Month of Transfer (Office Use Only)

¹Type
TK—Truck (Single) **TR**—Tractor **TT**—Truck-tractor **BS**—Bus
TW—Tow/Wrecker **ST**—Semi-Trailer **FT**—Full Trailer

²Fuel
D—Diesel **E**—Electric **G**—Gasoline
H—Hybrid **F**—CNG **P**—Propane

Office Use Only

Tire Fee or Sales Tax: _____

Title Fee: _____

Lien Fee: _____

³Combined Axles—power unit axles + trailer or semi-trailer axles
⁴US DOT Number assigned to vehicle
⁵FTIN assigned to vehicle
⁶Will 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

Signature verifies that information is correct and that vehicle liability security is maintained

Date