

Nebraska Combined IRP/IFTA Application
IRP Complete Black & Red Areas/IFTA Complete Black Area Only

Please print clearly and sign on reverse side

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 _____		

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COMPANY INFORMATION				
Employer Identification Number (EIN): _____ Social Security Number (SSN): _____				
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	County & County Number	State	Zip Code
MAILING ADDRESS: _____ () _____				
(If different than physical address) Street	City	County & County Number	State	Zip Code
Phone Number: _____ Fax Number: _____ Cell Number: _____				

OWNERS, PARTNER, CORPORATION OFFICERS OR MEMBERS (one of the listed individuals must sign as Applicant)				
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 • Toll Free 888-622-1222 • Fax 402-471-4024
www.dmv.ne.gov



IFTA CARRIER SECTIONIFTA 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**

Nebraska Sales Tax Exemption Number: _____

USDOT number: _____ (USDOT number is required when applying for IRP registration)

IRP Contact Information: Name: _____ Phone: _____
Fax: _____ Cell: _____CARRIER TYPE: Exempt 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: _____

Employer Identification Number (EIN): _____ Social Security Number (SSN): _____

PHYSICAL ADDRESS: _____
Street City State Zip CodeMAILING 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: _____

Employer Identification Number (EIN): _____ Social Security Number (SSN): _____

PHYSICAL ADDRESS: _____
Street City State Zip CodeMAILING 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 \$ _____

JURISDICTION SCHEDULE (IRP only)

Indicate with a check (✓) by the jurisdictions in which you are filing for registration

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

Estimated miles supported by documentation, miles that is reasonable and fully explained. *

Estimated Distance Chart (EDC), as I have no evidence to support estimated miles

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

* Refer to IRP manual for acceptable documentation. **The Department reserves the right to deny unreasonable estimates.**



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 4/2010

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IRP Vehicle Listing

Name as shown on application								Federal Identification Number (EIN) or Social Security Number (SSN)					USDOT		
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	
Unit/Equip Number	Year	Make	Vehicle Identification Number (VIN)	Bus HP	Type	Axles/ Seats	Fuel	Combined Gross Weight (CGW)	Gross Weight	Unladen Weight	Purchase Price	Purchase Date	Name of Owner	Title Number	
1															
<i>Power unit identified above please fill out the following →</i>								*USDOT		**SSN/EIN		***Is the carrier responsible for safety expected to change during the year? Yes No			
<i>Previous Registration: (for office use only)</i>															
2															
<i>Power unit identified above please fill out the following →</i>								*USDOT		**SSN/EIN		***Is the carrier responsible for safety expected to change during the year? Yes No			
<i>Previous Registration: (for office use only)</i>															
3															
<i>Power unit identified above please fill out the following →</i>								*USDOT		**SSN/EIN		***Is the carrier responsible for safety expected to change during the year? Yes No			
<i>Previous Registration: (for office use only)</i>															
4															
<i>Power unit identified above please fill out the following →</i>								*USDOT		**SSN/EIN		***Is the carrier responsible for safety expected to change during the year? Yes No			
<i>Previous Registration: (for office use only)</i>															
5															
<i>Power unit identified above please fill out the following →</i>								*USDOT		**SSN/EIN		***Is the carrier responsible for safety expected to change during the year? Yes No			
<i>Previous Registration: (for office use only)</i>															

Instructions:

Column 1	Assigned Unit/Equip. number	Column 7	Axles or seat if a buss
Column 2	Year of vehicle	Column 8	Fuel type: D-Diesel, G-Gas, P-Propane
Column 3	Vehicle Make	Column 9	Nebraska Combined Gross Weight (CGW)
Column 4	Complete VIN	Column 10	Gross Weight
Column 5	Horsepower (Bus)	Column 11	Unladen Weight
Column 6	Unit Type: <i>TT-Truck-Tractor, TR-Tractor, TK-Truck (Single)</i>	Column 12	Purchase Price
	<i>ST-Semi-trailer, FT-Full-trailer</i>	Column 13	Date of Purchase
	<i>BS-Bus</i>	Column 14	Owner name
		Column 15	Title Number and State of Issuance

*USDOT number assigned to vehicle
 **EIN or SSN 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? Circle Yes or No

Revised 4/2010

