INSTRUCTIONS FOR COMPLETING IRP/IFTA APPLICATION

IRP Complete Black & Red Areas/IFTA Complete Black Area Only

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 programs(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 IRP Apportioned Registration Manual and the IFTA Procedures 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 building or office located in Nebraska and the physical address on the application must list this address. The business must be open during regular business hours. You must have one or more permanent employees reporting for work at this address and conducting trucking-related business on behalf of the company.

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 at least 3 of the following:

(1) Copy of Nebraska Driver's License [showing Nebraska physical address]
(2) Copy of Federal Income Tax return showing NE address
(3) Copy of NE Income Tax return showing NE address
(4) Copy of real estate or personal property tax statement showing NE address
(5) Copy of utility bill showing NE address
(6) Copy of personal vehicle title/registration showing NE address
(7) Copy of rental/lease agreement for residence
(8) 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. 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 will need a W-9 and Signed Copy of Record Keeping Information. Both forms can be found https: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.

Jurisdiction Column: Indicate with a check (✓) the jurisdictions in which you are filing for proportional registration.

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.

Est/Actual Distance Column: Indicate with a check (✓) on the application which method of distance filing you will be using. Options are described below:

A. If you have previous IRP history, enter the actual miles for the preceding year (July 1- June 30) or portion there of.

B. If you can support your estimated distance for the up coming year with documentation (i.e. lease agreements, contracts) enter your calculated estimated distance. Estimates must be reasonable and fully explained. The department will review the documents and may verify their validity. ***The Department reserves the right to deny unreasonable estimates.***

C. If you have no evidence to support estimated distance filing, use the Estimated Distance Chart (see below).

Estimated Distance Chart: This chart was established by dividing the total miles in each jurisdiction, as reported by all Nebraska–based carriers reporting actual miles, by the total number of power units registered with that jurisdiction. **The result is the average distance per unit**.

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.

IRP: You will be billed for the IRP fees. ***NOTE: PAYMENT ON NEW IRP APPLICATIONS MUST BE A MONEY ORDER, CASHIER CHECK, CERTIFIED CHECK 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, which 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 or SSN 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 on page 4

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 OR CASHIER CHECK

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? ☐ No ☐ Yes If YES with whom?_____

PHYSICAL ADDRESS: _____
Street City State Zip Code County
Is your address inside the city limits: ☐ Yes ☐ No

MAILING ADDRESS: _____
(If different than physical address) Street City State Zip Code
Phone Number: _____ Cell Number: _____ **Email address**: _____

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

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If you have a reporting service or agent to complete your paperwork, complete the sections below and attach power of attorney (POA).

REPORTING SERVICE SECTION: IRP

Reporting Service Name: _____

Federal Employer Identification Number (FEIN): _____ Email: _____

PHYSICAL ADDRESS: _____

Street City State Zip Code

MAILING ADDRESS: _____

(If different than physical address) Street City State Zip Code

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

Do you want Reporting Service to receive bills, plates, refunds, etc.? ☐ Yes ☐ No

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 there of**
☐ **I have no actual miles during the preceding July 1-June 30, use Average Per-Vehicle Distance**

Jurisdiction	CGW	Actual Distance	Jurisdiction	CGW	Actual Distance	Jurisdiction	CGW	Actual Distance	Jurisdiction	CGW	Actual Distance
AB Alberta			AK Alaska			AL Alabama			AR Arkansas		
AZ Arizona			BC Brit Columbia			CA California			CO Colorado		
CT Connecticut			DC Dist 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					

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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 a listing of vehicles that will be using the IFTA license.]

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

If you have a reporting service or agent to complete your paper work, complete the sections below and attach power of attorney (POA).

REPORTING SERVICE SECTION: IFTA *(if same as IRP write "same")*

Reporting Service Name: _____

Federal Employer Identification Number (FEIN): _____

PHYSICAL ADDRESS: _____

Street City State Zip Code

MAILING 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

OWNERS, PARTNER, CORPORATION OFFICERS OR MEMBERS ***(one of the listed individuals must sign as Applicant)***

Name: _____ Title: _____ Email: _____

DL Number: ( ) _____ Phone: _____ Address: _____
State

Name: _____ Title: _____ Email: _____

DL Number: ( ) _____ Phone: _____ Address: _____
State

Name: _____ Title: _____ Email: _____

DL Number: ( ) _____ Phone: _____ Address: _____
State

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	$ _____

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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 INDICATIING 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 OR CASHIERS CHECK

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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	Type	Axles / Seats	Comb Axles	Fuel	Combined Gross Weight (CGW)	Gross Weight	Unladen Weight	Purchase Price	Purchase Date	Name of Owner	Title Number
1																
	Is this truck (TK) a wrecker/tow? ☐Yes									**USDOT*		***FTIN*			****Is the carrier responsible for safety expected to change during the year?*	*Yes No*
	Power unit identified above please fill out the following →															
2																
	Is this truck (TK) a wrecker/tow? ☐Yes									**USDOT*		***FTIN*			****Is the carrier responsible for safety expected to change during the year?*	*Yes No*
	Power unit identified above please fill out the following →															
3																
	Is this truck (TK) a wrecker/tow? ☐Yes									**USDOT*		***FTIN*			****Is the carrier responsible for safety expected to change during the year?*	*Yes No*
	Power unit identified above please fill out the following →															
4																
	Is this truck (TK) a wrecker/tow? ☐Yes									**USDOT*		***FTIN*			****Is the carrier responsible for safety expected to change during the year?*	*Yes No*
	Power unit identified above please fill out the following →															
5																
	Is this truck (TK) a wrecker/tow? ☐Yes									**USDOT*		***FTIN*			****Is the carrier responsible for safety expected to change during the year?*	*Yes No*
	Power unit identified above please fill out the following →															
6																
	Is this truck (TK) a wrecker/tow? ☐Yes									**USDOT*		***FTIN*			****Is the carrier responsible for safety expected to change during the year?*	*Yes No*
	Power unit identified above please fill out the following →															

Instructions:

Column 1	Assigned Unit/Equip. number	Column 7	Axles or seat if a bus
Column 2	Year of vehicle	Column 8	Combined Axles: power unit axles + trailer or semi-trailer axles
Column 3	Vehicle Make	Column 9	Fuel: (D) Diesel-(E) Electric (G) Gasoline (H) Hybrid (F) CNG (P) Propane
Column 4	Complete VIN	Column 10	Combined Gross Weight
Column 5	Horsepower (Bus)	Column 11	Gross Weight
Column 6	Unit Type: *TT-Truck-Tractor, TR-Tractor, TK-Truck (Single) ST-Semi-trailer, FT-Full-trailer BS-Bus*	Column 12	Unladen (empty) Weight
		Column 13	Purchase Price
		Column 14	Date of Purchase
		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? Circle Yes or No

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