

International Registration Plan (IRP)

Motor Carrier Services

P.O Box 10382 | Des Moines, IA 50306 Phone: 515-237-3268 | E-mail: omcs@iowadot.us

New Carrier Checklist

IMPORTANT: The information listed under each section heading is required to complete your application. If anything is missing, your application and all paperwork will be returned to you.

	Estimated distance schedule (Iowa DOT Form 442044) completed and signed. The physical address MUST be in Iowa , an you must include the Iowa county number on your application.
	Schedule G (Iowa DOT Form 442068) form completed and signed.
	Vehicle schedule (Iowa DOT Form 442015) completed and signed.
	Record retention statement (Iowa DOT Form 442069) signed by the registrant. Agents cannot sign.
	Copy of each vehicle title.
П	Copy of Bill of Sale if purchased within the past 12 months.
	Copy of IRS Form 2290 for each power unit that has a gross vehicle weight rating (GVWR) of more than 54,999 pounds. (See IRP manual for other acceptable proof of payment.) The IRP manual is available on our website at iowadot.gov/mvd/omcs/manuals .
	A USDOT number for applicants classified as a motor carrier. A "registrant only" applicant does not need a USDOT number but will need to submit the USDOT number and Taxpayer Identification Number of the motor carrier responsible for the safety (MCRS) of the vehicle, along with a lease agreement or the Operational Lease Agreement Certification included in this packet between the applicant and MCRS.
	In addition to the required forms, three items from the list below are needed to verify the physical address of the established place of business (SEE DEFINITIONS ON THE BACK). Documents cannot be more than 12 months old.
	☐ Proof that the registrant is incorporated or registered to conduct business in Iowa at this address
	☐ Phone bill (no cell phone bills) in the registrant's name at this address.
	☐ Iowa driver's license if the principal owner of the corporation is a resident of Iowa.
	☐ Federal income tax return filed in the registrant's name at this address.
	Personal income tax return filed in the registrant's name at this address.
	Real estate or personal property tax statements paid to Iowa by the registrant at this address.
	Proof of insurance in the registrant's name at this address.
	 □ Utility bills paid in registrant's name at this address. □ Vehicle titled in Iowa in the registrant's name at this address.
	-
 •4	Invoice for IRP fees must be paid with guaranteed funds (cash, wire transfer, money order or certified check).
Inter	national Fuel Tax Agreement (IFTA)
	IFTA license application (Iowa DOT Form 441041) completed and signed; physical address MUST be in Iowa .
	\$10 application fee and \$0.50 annual fee for each set of IFTA decals requested.
	Record retention statement (Iowa DOT Form 442069) signed by the registrant. Agents cannot sign.
	Three proofs required to establish IFTA Base Jurisdiction (see list of acceptable proofs from IRP section)
Intra	state Authority
	Intrastate authority application (Iowa DOT Form 441052) completed and signed in two places.
	Carrier has an active USDOT number.
	Household goods carriers must include tariff.
	Liquid nondairy carrier must include financial certificate (Iowa DOT Form 441082), completed and signed; must attent a safety seminar (\$200 fee) within six months. Contact Motor Carrier Services for the financial certificate form.
	Passenger carrier (16 or more plus driver) must attend a safety seminar (\$200 fee) within six months.
	\$150 one-time application fee.
Unifi	ed Carrier Registration (UCR)
	Registered for UCR at www.ucr.gov .

All new applications must be submitted by mail, e-mail, or dropped off at the Ankeny office.

No new applications or reinstatements will be processed at the front counter.

Residency Definitions:

Established Place of Business as defined by the International Registration Plan (IRP): A physical structure located within the base jurisdiction that is owned or leased by the applicant or registrant and whose street address shall be specified by the applicant or registrant. Per the plan, this physical structure shall be open for business and shall be staffed during regular business hours 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).

Base Jurisdiction as defined by International Fuel Tax Agreement (IFTA): The member jurisdiction where qualified motor vehicles are based for vehicle registration purposes and where the operational control and operational records of the licensee's qualified motor vehicles are maintained or can be made available; and where some travel is accrued by qualified motor vehicles within the fleet.

Principal Place of Business as defined by the Federal Motor Carrier Safety Administration (FMCSA): A physical location where the motor carrier conducts a significant portion of its business and maintains company records and where management reports to work. In many instances, the principal place of business identified by a motor carrier will be the location where FMCSA conducts a safety audit or compliance review pursuant to part 385. For this reason, it is necessary to emphasize that the definition of "principal place of business" has always required that a motor carrier designate a single physical location operated, controlled, or owned by the motor carrier where the carrier conducts operations relating to the transportation of persons or property where some if not all of the records required are regularly maintained.

Office of Vehicle & Motor Carrier Services P.O. Box 10382 Des Moines, IA 50306-0382

IOWA INTERNATIONAL REGISTRATION PLAN DISTANCE SCHEDULE

Phone: (515) 237-3268 FAX: (515) 237-3225 Email: omcs@iowadot.us Web: iowadot.gov/iftairp

City,State, ZIP Code Contact Person Phone Number	Physical Address Contact Person Name - Regarding Application	Doing Business as City, State, ZIP Code	Registrant Name Mailing Address
		П	0
FAX Number	License Year	Fleet Number	Client ID
Email Address	Tax ID Number	USDOT Number	☐ Motor Carrier
		Registrant Phone Number	Motor Carrier If you are a Motor Carrier check the box to the left and enter your USDOT
Registration Month:Initials	Supp # Date		oox to the left and enter your USDOT number.

	Jurisdiction	Distance	APV/ Act.
A	Alabama		
AR	Arkansas		
λ	Arizona		
CA	California		
00	Colorado		
СТ	Connecticut		
DC	District of Columbia		
DE	Delaware		
그	Florida		
GA	Georgia		
A	lowa		
D	Idaho		
Ε	Illinois		
Z	Indiana		
ΚS	Kansas		
2	Kentucky		
⋝	Louisiana		
MA	Massachusetts		
MD	Maryland		
ME.	Maine		
≦	Michigan		

101/	ACT	ESTI	APV	Я	ည္က	PE	9	깈	S	Z	NB	MB	ВС	AB	ş	≶	≦	₩ A	ĭ	Ş	
TOTAL FLEET DISTANCE	ACTUAL DISTANCE	ESTIMATED DISTANCE		Saskatchewan	Quebec	Prince Edward I.	Ontario	Northwest Territory	Nova Scotia	Newfoundland	New Brunswick	Manitoba	British Columbia	Alberta	Wyoming	West Virginia	Wisconsin	Washington	Vermont	Virginia	Jurisdiction
																					Distance
																					APV Act

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Utah

Instructions

The Distance Schedule is made up of three parts: 1) carrier information; 2) type of operation information; and 3) distance information.

Carrier information

- 1. Registrant name. This is the name of the person or business the account is registered under.
- 2. Doing business as. This is optional.
- 3. lowa address. This address must be the registrant's physical street address. See <u>Established Place of Business</u> or go to the lowa DOT's website at <u>www.iowadot.gov/mvd/omcs/2012carriermanual.pdf</u> for more information.
- 4. Mailing address. This may be a different address than the lowa address and may contain a post office box or a different state.
- 5. Contact name. This is the name of the person to contact regarding the account.
- 6. Contact phone. This is the telephone number of the contact person.
- 7. Client ID. The number assigned to the registrant when first registered in the International Registration Plan (IRP) through lowa. This number is used to easily identify each registrant and used in processing supplements and payments. **New registrants will not have this number until the application is processed.**
- 8. License year. This will be the registration expiration year.
- 9. Fax number. If supplied, this is where invoice and Temporary Evidence of Apportioned Registration (TEAR) will be faxed. If left blank and an email address is not provided, or if fax or email transmission fails, invoices and TEARs will be mailed to the address on file. Failure to receive an invoice does not relieve the registrant of the responsibility of paying fees or accrued penalties.
- USDOT number. This is the number assigned to the registrant by the Federal Motor Carrier Safety Administration (FMCSA).
- 11. Registrant Phone Number. This is the phone number of the person or business the account is registered under.
- 12. Tax identification number (TIN). This will be either the Federal Employee Identification Number (FEIN) assigned to the registrant by the IRS, or the registrants Social Security number. Because of security reasons it is suggested an FEIN is provided.
- 13. Email address. This is the email address of the person to contact regarding the account. The email address given will be used to send the invoice and TEAR.

Type of operation

- 14. The type of operation and commodity must be checked.
- 15. Household goods movers may contact the Iowa DOT Office of Vehicle and Motor Carrier Services for further options on distance reporting.
- 16. IRP (International Registration Plan) and IFTA (International Fuel Tax Agreement) miles, are they the same? If yes and the box is checked "Yes," the registrant's IRP renewal will contain the IFTA miles in the distance schedule portion.
- 17. If the registrant has Wyoming intrastate authority, "Yes" must be checked on the distance schedule.

Distance information

- 18. Please follow steps 1, 2, 3 and 4 on the Distance Schedule. All jurisdictions will be listed on the registrant's registration cab card.
- 19. Actual miles must be reported if registrants have a history with another company or companies registered under the IRP and miles were driven during the reporting period or be charged more than 100 percent for any estimated miles
- 20. If registering in the Canadian province of Alberta, British Columbia or Manitoba, a Canadian Operating Authority number is not required by Iowa, but may be required by that jurisdiction to operate there.
- 21. A previously established registrant who has neither owned nor leased apportioned vehicles during the 18 months prior to the application date, nor accrued actual distance by operating apportioned vehicles in any member jurisdiction during the reporting period, is eligible to use the APV Distance Chart.
- 22. APV Distance. This is the sum of all estimated miles.
- 23. Actual mileage. This is the sum of all actual miles.
- 24. Total fleet mileage. This is the sum of all miles listed.
- 25. The Distance Schedule must be signed and show the title of person signing the schedule and the date it was signed.



INTERNATIONAL REGISTRATION PLAN NEW ACCOUNT APPLICATION SCHEDULE G

1.	Registrant Name:	Client ID (if known):				
2.	Registrant's Phone Number:	FAX Number:				
3.	E-mail Address:					
1.	there is no FAX number or	es are sent by FAX or e-mail if supplied. Invoices and temporaries will e-mail address given, or if we are unable to complete the FAX or e-mail egistered? (check one) Attach additional sheets if necessary.				
	Iowa County Plate	Enter Name & Plate No.:				
	owa IRP Plate	Enter Name & Plate No.:				
	Out of State Vehicle Plate	Enter Name, State, & Plate No.:				
	Other:					
5.	Do you currently have an Iowa IF	TA account?		Yes		No
3.	•	any other vehicle(s) under this account, or any other IRP account? of each IRP account and what jurisdiction.		Yes		No
7.	Has any licensing service, remitta assisted you in the preparation of	ance agency, trucking service agency, consultant, or other individual(s) your IRP application?		Yes		No
	If Yes, list the individual(s) or age	nt's name and address:				
3.	•	owned or leased any power unit under another carrier during the curren actual distances under the IRP during the current reporting period?	t	Yes		No
Э.	Are you currently under a registra	ation suspension?		Yes		No
	nless you have a good payment his der, bank wire, or credit card).	tory, your first payment must be in guaranteed funds (cash, certified che	eck, n	noney	/	
	ne undersigned under oath and pen this application is true and correct.	alty of perjury accepts the above-stated conditions and swears the infor	matio	n fur	nishje	ed
Зу	r					
-		Data				
ΙÜ	ile:	Date:				

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Des Moines, IA 50306-0382



Phone: (515) 237-3268 FAX: (515) 237-3225 ∰Email: omcs@₫, æi[๕• Web: iowadot.gov/mvd/omcs

IOWA INTERNATIONAL REGISTRATION PLAN VEHICLE SCHEDULE

Registrant Name	Mailing Address			Client ID	t ID		Registrant's Phone Number	ıe Number	Registrant Only	ant Only	If you are a " You will not ı	If you are a "Registrant Only" check you will not need a US DOT number	/" check the b number.	the box to the left.
Doing Business as	Second Address Line			Fleet	Fleet Number		USDOT Number	N y	If you are a Motor	If you are a Motor Carrier you will need a US DOT Number to enter into the US DOT Number space	ed a US DOT	Number to ent	er into the US	DOT
Physical Address	City,State, ZIP Code			Licen	License Year	1	Tax ID Number		00000					
												IA DOT OFFICE USE	SE USE ONLY	Y
Second Address Line	Contact Person Name - Regarding Application	- Regarding Appli	cation	FAXI	FAX Number			Αp	Temporary Evidence of portionment (TEAR) reques	Temporary Evidence of Apportionment (TEAR) requested?	Supp #		_ Date	
City,State, ZIP Code	Contact Person Phone Number	Number		E-ma	E-mail Address				☐ Yes	□ No	Registration Month:	Month:		
Units listed below will be authorized to operate in the jurisdictions and at the weights listed below. List weights in the box for each jurisdiction.	ctions and at the weights	listed below. List	weights in th	e box for eac	h jurisdiction.									
AL AR AZ CA	СО	СТ	DC	DE	ච	GA	₽	ō	F	Z	KS	3	LA	MA

PΑ ĕ ME 꼬 SC ≤ ₹ SD Į MO SN X ₹ \sqsubseteq

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ADDITIONS

		1 Unit Number
		0
		Owner Name
		Year Y/N
		/pe *
		Make 6
		Fuel
		Axle Seats or Axles
		Complete Vehicle Identification Number
		e Vehicle on Numb
		ē
		Jurisd & T
		10 Jurisdiction Abbrev & Title Number
		11 Unladen Weight
		Gross Weight Combined Group Weight Number
		Weight Purd Number Pr
		14 Purchase Price
		chase
		15 Factory Price
		ce
		16 Lease Date M/D/Y
		Purchase Date M/D/Y
		e 1st Transferred Operated License Plate No. Date and Sticker No. M/ID/Y
		Trar License and S
		nsferred e Plate No. ticker No.
	,	20 21 US Y/N Corr
		USD: Corres
		USDOT No. Corresponding Tax ID No.
	I	× 22 23
		D an Prev MM/Y
		Dealer Name and Address or Previous License # MM/YY of Expiration and State
		ar pir sss

(See Reverse Side For Instructions and Codes.)			Unit Number Complete Vehicle Deletion Date MM/DD/YY Plate Number Reason Removed	Straight Deletions or Deletions/Transfer of Credit	*If registering a power unit, will you be pulling a trailer? 🔲 Yes 🔲 No ** Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year? 🔲 Yes 🔲 No
Title:	Ву:	I certify under penalty of perjury a preceding is true and correct.	Fleet-to-Fleet Transfer	Displicate Credential Requests	be assigned to a different motor carrier during the registration year?
Date:		l certify under penalty of perjury and pursuant to the laws of the State of lowa that the preceding is true and correct.	Plate (includes cab card & sticker) \$10.00	Replacement cab card \$3.00	Yes No

Application Instructions

Complete the boxes on the top section of the schedule. The registrant's information, including name, DBA (if applicable), physical address, city, state, zip code, the complete mailing address, (if different than the physical address), and registrant's phone number. The county number is required for "New Carriers" only. The name and telephone number of the contact person who is responsible for filling out the application must be entered. A Tax ID number (TIN) must be given, this is either a Federal identification number (FEIN) or a Social Security number (SSN), an FEIN is preferred. If you are a motor carrier you will need to enter your US DOT Number in the USDOT number space. If you are not a motor carrier, you should check the registrant only box, (you will not need to enter a USDOT number).

List the desired weights in pounds for each apportioned jurisdiction. Vehicles registered at 55,000 pounds or more must provide current verification of *Heavy Vehicle Use Tax Form 2290*. See IRP Manual for acceptable documentation. Documentation can accompany your vehicle schedule or be submitted at time of payment.

- a. Deletion Only if you anticipate adding a unit it is recommended you hold your deletion until that time to maximize your transfer credit. If you do not anticipate an add, please complete a vehicle schedule, and claim for refund reform. Submit these forms along with the vehicle plate and registration to the Iowa Department of Transportation, Office of Vehicle & Motor Carrier Services, P.O. Box 10382, Des Moines, IA
- Deletion and Addition (Transfer of Credit) when a plate is transferred from a deleted unit to an added unit a vehicle schedule must be completed.
- c. Weight increase complete columns 1, 9, and 12, indicate the desired weight in the jurisdiction box above.

All columns must be completed as follows:

- Assigned unit number. Column 1
- Column 2 Owner's name as shown on the title documentation.
- Column 3 Year of vehicle.
- Column 4 Indicate 'Y' for Yes or 'N' for No for a permanent power plate.
- Column 5 Vehicle type. Please use the following abbreviations:

Column 5	Vehicle type. Please use the follow	ving abbreviations:	
TK	Truck Tractor Straight Truck Semi-trailer	TR Tractor BS Bus	1S Permanent Semi Trailer (1-year billing) 5S Permanent Semi Trailer (5-year billing)
	* In addition, answer this question	: If registering a power unit, will you be pulling a trailer	2
Column 6	Please use the following abbrevia		!
	n readegate and removing above	Power Units	
Arrow	AARO	FargoFARG	Marmon HarringtonMAHA
	AUST	FederalFEDL	Massey-FergusonMASS
	AUTO	FordFORD	Mercedes BenzMERZ
Barret	BARR	RemanufacturedRFMG	MCIMCI
Brockway	BROC	FreightlinerFRHT	PeterbuiltPTRB
Bros	BROS	GMCGMC	ReoREO
Brown	BRWN	HendricksonHEND	Sterling STRG
	CHEV	HysterHYST	StewartSTEW
	CLAR	InternationalINTL	VolvoVOLV
	DIAT	KenworthKW	Western StarWSTR
	DODG	KW DartKWDT	WhiteWHIT
F VV D	FWD	MackMACK	White GMCWHGM
		Trailers	All OthersPOWR
AMC	AMC	FruehaufFRUE	NaborsNABO
	ALLO	GindyGIND	NorwinNRWN
	AME	Great DaneGDAN	OhioOHIO
	ARRT	Halliburton	PinesPINE
	BARL	Heil	Polar
	BROW	HighwayHIGH	RavenRAVE
	BUTL	HobbsHOBB	RogersROGR
	CERT	HomemadeHMDE	StewartSTET
Chamberlain.	CHAL	HysterHYST	StrickSTRI
City	CITY	Kari CoolKARI	TalbertTALB
Clark	CLAR	KentuckyKENT	TimpleTIMP
Comet	COME	KeystoneKEYO	TrailcoTRLC
	CORN	KinghamKNGH	Trail-EzeDAKO
	CUSM	LoadkingLOAK	TrailmobileTRIM
	DACO	LubbockLUBB	TranscraftTRAO
	DELT	LufkinLUFK	TransportTTTI
-	DORS	MarshallMARL	UtilityUTIL Wabash/NationalWANC
	EAGL	MatlockMATL MerrittMERI	WilsonWILX
	FRLR	Miller	All OthersTRLR
	FLAS	MononMONN	All Outers
r ontaine	······································		
Column 7	Fuel type: D Diesel	G Gas O Other	
Column 8	Number of axles. Vehicles other that	an busses should list the number of axles in the top por	tion. Power units need to list the maximum number of
	axles for power unit and trailer in the	e lower portion. Busses need to list number of seats in	the bottom portion.
Column 9	VIN number. A complete vehicle id		
Column 10		be provided. See IRP Manual for acceptable document	ation. Documentation can accompany your Vehicle
Column 11	Schedule or be submitted at time o	r payment.	
Column 11 Column 12	Empty weight. lowa combined gross weight for wh	nich the unit is to be registered	
Column 13	Weight group number for this unit.	non the till to be registered.	
Column 14		ed. (Excluding trade-in and sales tax but including acce	ssories or modifications.)
Column 15		, -	r modifications attached to the vehicle. If the factory pric
		tically fill this in using data from the Manufacturer's Sug	
Column 16	Lease date - if this vehicle is being		
Column 17	Purchase date - month, day and ye		
Column 18	Month and year the vehicle was first	st put in service, (if on the title only list).	

License plate and sticker number transferred from the deleted unit (if no transfer write None). Column 19

Column 20 'Y' if unit travels over 10,000 miles nationally a year. 'N' if unit travels 10,000 miles or less nationally a year (power unit only).

USDOT number assigned to vehicle and corresponding Tax Identification Number of the Motor Carrier Responsible for the safety of the vehicle. Column 21 See IRP Manual.

Column 22 Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year?

Previous license information, plate number, year and state. If newly purchased, give dealer name and address. For any vehicle which has been stored previous to this licensing you must submit the original storage slip with the vehicle schedule. Column 23



Office of Vehicle & Motor Carrier Services

6310 SE Convenience Blvd I Ankeny, Iowa 50021 Phone: 515-237-3268 I Fax: 515-237-3225

Email: OMCS@iowadot.us

Record Retention Requirements for IFTA/IRP

As a client under the IFTA/IRP through the base jurisdiction of Iowa, I understand that I am required to preserve my company's records, which are subject to audit. I understand these records must be maintained as described below.

IFTA retention: all records pertaining to IFTA must be kept for four years, from the tax return due date or filing date, whichever is later.

IRP retention: all records pertaining to IRP must be kept for the distance reporting period of July 1 through June 30 that corresponds to the current registration year, plus the three previous registration years.

1. Distance (IFTA/IRP)

Records containing the following elements shall be accepted by the base jurisdiction as adequate under Section 1005(a). Records produced by a means other than a vehicle-tracking system:

- The beginning and ending dates of the trip
- The origin and destination of the trip (city & state)
- The route of travel
- The beginning and ending reading from:
 - The odometer, hubodometer, engine control module (ECM), or any similar device for the trip

Records produced wholly or partly by a vehicle-tracking system, including a system based on a global positioning system (GPS).

- The original GPS or other location data for the vehicle to which the records pertain;
- The calculated distance between each GPS or other system reading;
- The location of each GPS or other system reading;
- The total distance traveled in each jurisdiction;

- The total distance of the trip
- The distance traveled in each jurisdiction during the trip
- The vehicle identification number or vehicle unit no.
- The date and time of each GPS or other system reading:
- The beginning and ending reading from the odometer, hubodometer, ECM, or any similar device for the period to which the records pertain;
- The route of the vehicle's travel;
- The vehicle identification number or vehicle unit number.

2. Fuel (IFTA Only)

The licensee shall maintain complete records of all motor fuel purchased, received, or used in the conduct of its business, and on request, produce these receipts for audit. The records shall be adequate for the auditor to verify the total amount of fuel placed into the licensee's qualified motor vehicles, by fuel type.

A licensee's reporting of distance may deviate slightly from a calendar quarter basis provided that:

- The beginning and ending dates of the reported distance reflects a consistent cut-off procedure;
- the deviations do not materially affect the reporting of the licensee's operations;
- the deviations do not materially delay the payment of taxes due;
- the cut-off dates for both distance and fuel are the same;
- the base jurisdiction can reconcile the reported distance for the period through audit;
- the total distance traveled by the vehicle.

IFTA: I further understand if the base jurisdiction determines that the records produced by the licensee for audit do not, for the licensee's fleet as a whole, meet the criterion for the adequacy of records set out in P530 in the IFTA agreement, or after the issuance of a written demand for records by the base jurisdiction, the licensee produces no records, the base jurisdiction shall impose an additional assessment by either:

- Adjusting the licensee's reported fleet MPG to 4.0 or 1.70 KPL; or
- Reducing the licensee's reported MPG or KPL by twenty percent.

IRP: I further understand if the records produced by the registrant for audit do not, for the registrant's fleet as a whole, meet the criterion in Section 1005(a) in the IRP plan, or if, within 30 calendar days of the issuance of a written request by the base jurisdiction, the registrant produces no records, the base jurisdiction shall impose on the registrant an assessment in the amount of twenty percent of the apportionable fees paid by the registrant for the registration of its fleet in the registration year to which the records pertain. In an instance where the base jurisdiction knows that it is the registrant's second such offence, the base jurisdiction shall impose an assessment of fifty percent of the apportionable fees paid by the registrant for the registration of its fleet in the registration year to which the records pertain. When the base jurisdiction knows it is the registrant's third offense, and on any subsequent offenses of the registrant known to the base jurisdiction shall impose an assessment of 100 percent of the apportionable fees paid by the registrant for the registration of its fleet in the registration year to which the records pertain.

Registrant Name		Client ID (if known)	
27 miles Marie 1940 Marie 1950 - 14 Marie	Please Print Legibly	The second control of	
Title*		Date	
5 3020000	Please Print Legibly	1 >36100.000	
Signature			

*This form must be signed by the company owner or registrant. Permit Agents are not allowed to sign this form.

Keep a copy of this form for your records and return a copy to the Office of Vehicle & Motor Carrier Services.



Operational Lease Agreement Certification

☐ International Registration Plan (IRP) Form 430319 (03-22)

☐ International Fuel Tax Agreement (IFTA)

	ollowing statement must be properly filled out an ele & Motor Carrier Services Bureau for registrati	_	-		
Defin	itions:				
	LESSEE: The Lessee refers to the "registrant" and is the Owner/IRP and/or IFTA account holder of the vehicle described below and is duly authorized and empowered to execute this agreement.				
	LESSOR: The Lessor refers to the "motor carrier authority" and is the Trucking Company defined as the Motor Carrier Responsible for Safety (MCRS) of the motor vehicle shown below running under the following				
	IN_	ogo in	interatate	USDOT	
b; re	essor allows the vehicle described below to engage the Lessor. During the term of the Lease Agreed equirements of the Federal Motor Carrier Safety river.	ement	, the Lesso	r is fully	responsible for complying with the
This	operational lease agreement certificate is be	tween	1		
Name	e of Lessee:				
Phys	ical Address:				Phone:
City:			State:		ZIP:
Namo	e of Lessor :				
Physical Address: Phone:					Phone:
City:			State:		ZIP:
Durat	tion of Lease				
Date Lease Begins:			Date Lease Ends:		
A new lease must be submitted on or before the lease end date. Leased Vehicle					
Make	p:	VIN:			
Year	:	Unit	#:		
	The Lessor will report all IFTA distance f	or thi	s Lessee'	s Comn	nercial Motor Vehicle.
Signature of Lessee:				Date:	
Print Lessee Name:				Title:	
Signature of Lessor :				Date:	

By signing this Lease Agreement Certification, I declare that the information in the Lease Agreement AND this Certification is true and correct.



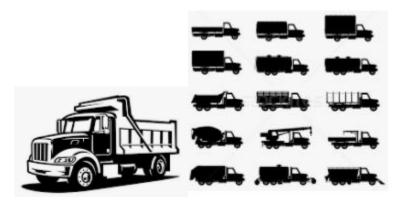
Print **Lessor** Name:



Title:

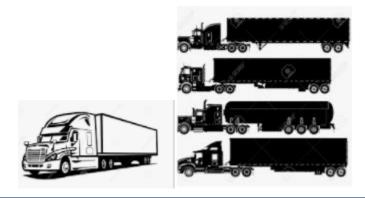
TK-Truck

A "Truck" is a type of truck with axles, cab, and container connected on the same frame.



TR-Tractor

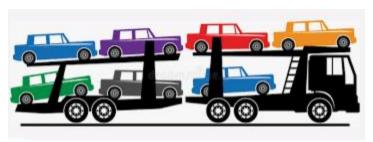
TRACTOR "Tractor" means a motor Vehicle designed and used primarily for drawing other Vehicles, but not so constructed as to carry a load other than part of the weight of the Vehicle and load so drawn.



TT-Truck Tractor

"Truck Tractor" means a Motor Vehicle designed and used primarily for drawing other Vehicles, but so constructed as to carry a load other than a part of the weight of the Vehicle and load so drawn.





Vehicle & Motor Carrier Services P.O. Box 10382 | Des Moines, IA 50306-0382

Telephone: 515-237-3268 | Fax: 515-237-3225 Email: omcs@iowadot.us | Web: www.iowadot.gov/iftairp

International Fuel Tax Agreement (IFTA) Application Instructions

If you are a resident of lowa, or have a company established in lowa, and operate a *qualified motor vehicle* in lowa plus one other IFTA jurisdiction, you must comply with IFTA laws. IFTA is an agreement among all states (except Alaska, Hawaii, and the District of Columbia) and Canadian provinces (except Northwestern Territories, Nunavut and Yukon) to simplify the reporting of fuel used by motor carriers operating in more than one jurisdiction.

Qualified Motor Vehicle means a motor vehicle used, designed, or maintained for transportation of persons or property and:

- 1. having two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 pounds or 11,797 kilograms; or
- 2. having three or more axles regardless of weight; or
- 3. is used in combination, when the weight of such combination exceeds 26,000 pounds or 11,797 kilograms gross vehicle or registered gross vehicle weight. **Qualified Motor Vehicle** does not include recreational vehicles.

Note: Recreational vehicles, such as motor homes, pickup trucks with attached campers, and busses when used exclusively for personal pleasure and not used in connection with any business endeavor, do not require IFTA to travel in or outside of lowa.

Vehicles from IFTA jurisdictions that do not meet any of the three criteria are granted fuel reciprocity when traveling through another IFTA jurisdiction.

The IFTA license costs \$10. A copy of the current year's license must be carried in each vehicle and produced on request by any law enforcement officer. IFTA decals are required to be displayed on the exterior of the power unit, one on each side. IFTA decals are 50 cents for a set of two.

Required Documents

- IFTA Application
- Signed Record Retention Statement (this is needed prior to processing)
- Power Of Attorney (POA) is listed. If the processing agent is not in our system, a Processing Agent Application will also need to be included.
- Payment (check, money order, cashier check, credit card, Dwolla, T-check, EFS, escrow)

IFTA Quarterly Tax Return Notifications

The lowa Department of Transportation sends out a reminder to all active IFTA licensees. If you do not receive a notice, you are still required to file your quarterly return online. You should also check your address for accuracy.

E-filing

Before you begin, you will need to have opened your IFTA account by filing a paper application (attached). When the license is issued, a Client ID will be assigned. The Client ID is also referred to as the Account ID on the IFTA/IRP Online Application. The application and instructions on how to navigate the IFTA/IRP Online Application are available at http://www.iowadot.gov/mvd/omcs/ifta irponline apps.html.

Quarterly Tax Return Requirement

Applicants who hold a valid IFTA license must e-file a quarterly tax return and pay any tax due, or request a refund, no later than the dates shown below. The return must be e-filed regardless of whether taxable fuel was used or miles were traveled outside the state of lowa during the quarter. If the filing deadline falls on a Saturday; Sunday or legal holiday, the next secular or business day shall be the filing deadline.

Quarter	Period	Due Date	IA Credit Deadline	Quarter	Period	Due Date	IA Credit Deadline
First	Jan. 1 - March 31	April 30	June 30	Third	July 1 - Sept. 30	Oct. 31	Dec. 31
Second	Apr. 1 - June 30	July 31	Sept. 30	Fourth	Oct. 1 - Dec. 31	Jan. 31	March 31

The tax return is considered timely filed if:

- the return is e-filed on or before midnight of the filing deadline; and
- payment is made electronically through the DOT's online payment system or by credit card on or before midnight of the filing deadline; or
- payment is postmarked by midnight of the filing deadline to Vehicle & Motor Carrier Services, P.O. Box 10382, Des Moines, IA 50306-0382.

A penalty of \$50 or 10% of the total tax liability, whichever is greater, will be assessed to the taxpayer for filing a return late, failure to file a return, or for underpayment of taxes, even if no taxes are due. Interest also will be assessed each month the tax remains unpaid. If payment is made on or before the due date but is insufficient to discharge the tax liability, the entire payment shall be applied to the tax. Any penalty or interest subsequently assessed shall be based on the unpaid portion of the tax.

In addition to the penalties and interest assessed if the return is not filed by the due date, if the return is filed after the lowa Credit Deadline, any lowa credit shown on the tax return will be lost.

Record Keeping Requirements

Licensees who have acquired an IFTA license must maintain distance and fuel documents for four years from the tax return due date or filing date, whichever is later to substantiate information reported. These records are subject to audit and must be made available upon request of any member jurisdiction. See Iowa DOT Form 442069 (6-13) Record Retention Statement for required records.

Suspension and Reinstatement of License

Failure to file and pay quarterly tax returns timely will suspend your IFTA, and IRP if applicable, license(s). To reinstate your license(s) you will need to file and pay all outstanding tax returns and may need to post a cash bond.

A bond is required in the following circumstances:

- 1. You have had two or more outstanding fuel billings due for periods within the three years prior to date of application for a new license.
- 2. You have failed to file two or more returns for a calendar year within the three years prior to date of application for a new license.
- 3. You have filed returns late for two or more reporting periods for a calendar year within the three years prior to date of application for a new fuel license.
- 4. When an audit conducted of your operation indicates problems severe enough that a bond is required to protect the interests of member jurisdictions.

Bonds shall be payable to the state of lowa, in the minimum amount of \$500 or the equivalent to at least twice the estimated average tax liability for the reporting period in which you were required to file a tax return, whichever is greater.

After filing and paying tax returns timely for four consecutive reporting periods, the amount of a posted bond may be refunded.



Vehicle & Motor Carrier Services P.O. Box 10382 | Des Moines, IA 50306-0382 Telephone: 515-237-3268 | Fax: 515-237-3225 Email: omcs@iowadot.us | Web: www.iowadot.gov

International Fuel Tax Agreement (IFTA) Application

Application Type	☐ Open new IFTA account ☐ Reinstate suspended account	Complete all sections of this form and attach all required documents (listed in the instructions). Sign the back of the form and return with fees to Vehicle & Motor Carrier Services. Complete the IFTA client identification number (this number cannot change and is required. Provide the changed information in the Applicant and Account sections on this application. If the U.S. DOT number and Federal Tax Identification number are both changing, this will be considered a new license application. Complete the IFTA client identification number (required) and line 2 in the Fees section.							
туре	Change licensee name and/or address								
	Purchase additional or duplicate decals for license year								
	☐ Voluntarily close account Effective	Check this box and supply effective date. Complete Registra Information section (IFTA Client Identification number require current IFTA tax return quarter, and sign the back of this form							
Applicant Information	If available, IFTA client ID numb	er	er If applicable, U.S. DOT number		Federal tax ID number				
	Name of owner, partners or corporation								
	Name you are doing business as								
	lowa street address, city, state and ZIP code								
Account Information	Mailing address, city, state and ZIP code								
	Name of person responsible for this account (other than the power of attorney if there is one)								
	Contact information for person li Telephone number			Email address					
	Mailing address of where record	cept, city, state and ZIP co	ode						
If applying for a new license, have you previously had an IFTA license in another IFT					other IFTA jurisdiction?				
	If yes, in what jurisdiction(s) did you have an IFTA license(s)?								
	If yes, are you currently suspended or revoked? No Yes								

Operation Information		aining a new license or reinstating a suspended license, indicate TA member jurisdiction(s) in which you maintain bulk fuel storage.							
	Check the type(s) of fuel you use (check all that apply)								
	Diesel	Gasohol	Gasoline	LPG	LNG	☐ CNG			
	Ethanol	Methanol	☐ E-85	☐ M-85	☐ A-55	Biodiese	I		
Fees 1. Enter \$10 on Line 1 if you are obtaining a new license or reinstating a suspended license. 2a. Decals are sold as a set, one for each side of the vehicle. Enter the number of sets being requested on Line 2a 2a						ded 1. \$			
	2b. Multiply Line 2a	a by 50 cents and	d enter it on Line 2	2b		2b. \$			
3. If you are reinstating a suspended license, a minimum cash bond may be required. Call (515) 237-3268 to determine the cash bond required and then enter that amount on Line 3.						ired. 3. \$			
	4. Enter \$10 on Line 4, if you are changing your address or the name of your business 4. \$								
	5. Add Lines 1, 2b	5. Add Lines 1, 2b, 3, & 4 together and place the total on Line 5							
Temporary Permit If you are applying for a new license, additional decals, or duplicate decals, yo permit. The temporary permit is valid for a period of 30 days and will give you and affix the annual permanent decal to your vehicle. Temporary permits cannot renewing your IFTA license. Please complete the requested vehicle information below for each temporary permits separate piece of paper with the same information if you need more than five to				ill give you aded	quate time to rec	eive			
						ha			
	Unit Number		Vehicle Ider	tification Num	ber				
							$\overline{1}$		
Certification of Understanding									
	agrees to comply with	h reporting paym	ent record keepin	g and license	display require	ments			

The applicant agrees to comply with reporting payment record keeping and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that lowa may withhold any refunds due if applicant is delinquent on payment of fuel taxes due any member jurisdiction. Failure to comply with these provisions shall be grounds for revocation or suspension of license in all member jurisdictions.

If someone other than the applicant (if an individual) or a company employee has authorization to apply for licensing credentials and prepare and file quarterly tax returns on behalf of this applicant, a Processing Agent Application and a signed power of attorney needs to be included with this application.

The applicant certifies the information given in this application is, to the best of his/her knowledge, true, accurate, and complete. The applicant understands that any falsification subjects applicant to the offense of making a written false statement to a government official.

Applicant Signature	Title	Date



Office of Vehicle & Motor Carrier Services P.O. Box 10382, Des Moines, IA 50306-0382

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E-mail: omcs@iowadot.us
Website: iowadot.gov/mvd/omcs

	For Office Use Only						
Check Number:	Amount Paid \$		Date Paid:	Clerk:			
IOWA APPLICATION FOR INTRASTATE MOTOR CARRIER PERMIT/CERTIFICATE							
Application Date:	Phone:			Fax:			
Name:(Individual, Corporat			DBA:				
Physical Address:			•				
Mailing Address:							
US DOT No.:							
			E-mail:				
Property/	Passenger Transpo	rted f	or hire: <i>(mark all appli</i> e	cable boxes)			
Motor Carrier Permit			otor Carrier Certificate	ŕ			
☐ Household goods (i.e., movin	g van)		Regular route (includes	all points in Iowa) (i.e., local			
Liquid <i>(dairy)</i>		bus route)					
☐ Liquid (non-dairy)*			Charter (includes all points in lowa)				
Other property (includes tow truck operators)			Vehicle is designed to tr including the driver*	ransport 16 or more passengers			
☐ Liability and property damage (LPD) insurance (to be filed by home office of your insurance company on Form E) ☐ Financial statement (motor carrier of liquid (non-dairy) and regular route passenger)							
☐ Tariff (motor carrier of household goods only)							
Applying for	Fee		*If applying for a liqui	d (non-dairy) permit or passenger			
☐ New Permit application	\$150.00	Ĭ	certificate for transp	orting 16 or more passengers,			
New Certificate application	\$150.00	Ĭ		ne Safety Education Seminar must must be paid. Notification of date,			
Reinstatement	\$150.00			the seminar will be sent to the			
☐ Name/Address change☐ Permit Update	\$25.00 \$25.00		applicant.				
Tariff update	\$10.00						
Duplicate Permit or Certificate	\$25.00			the company's representative			
☐ Safety Education Seminar	\$200.00			ty records and driver training to as part of the permit/certificate			
Amount	Due \$			attend this seminar will result in			
Make checks payable to the low	a DOT		a suspension of the o	company's permit/certificate.			
Safety Self-Certification: This is to certify that all equipment operated under this permit or certificate complies with safety rules and regulations of the State of Iowa and Federal Motor Carrier Safety Regulations.							
Ciamatuma			Date				
			ation furnished in the applic	eation is true and correct and all cargo			
insurance requirements are met.	penalty of perjury the fi	ПОППС	ation farmoned in the applie	ation is true and correct and all earge			

Date _



INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR INTRASTATE MOTOR CARRIER PERMIT/CERTIFICATE

GENERAL INFORMATION

<u>ALL APPLICANTS</u> - fill out the top section of form with name, DBA name (if applicable), address, phone, fax, US DOT number, FEIN, and e-mail address.

Select the type of Permit/Certificate. Choose all that apply. Additional requirements for each type of Permit/Certificate are as follows:

HOUSEHOLD GOOD Insurance file Include copy If you do not	ed on Form E
LIQUID (DAIRY) PEI Insurance file If you do not	
	ed on Form E
OTHER PROPERTY Insurance file If you do not	
☐ Insurance file☐ Financial state	
CHARTER PASSEN Insurance file If you do not	
☐ Insurance file ☐ Safety educa	ed on Form E tion seminar must be attended and fee must be paid have a US DOT number, you must register online at https://www.fmcsa.dot.gov/registration
TAXICAB SERVICE Insurance file	ed on Form E