International Registration Plan Applicant Requirements For New Carriers
302.744.2702  dot.motorcarrier@Delaware.gov

PLEASE ALLOW YOURSELF 3 HOURS FOR PROCESSING IN OUR OFFICE
All documents are required before registration is issued
All documents are required to be in the same name as the tax ID

________ Proof of Residency
In order to register with IRP you must provide 3 proofs in the envelope and postmarked
All documents must be in the same name as your Tax Identification Number
Documents must be from 3 different sources containing physical address not postmarked more than 60 days
Acceptable documents are as follows: Utility Bill, Auto Policy, W-2, Credit Card Statement
State Income Tax Return, Federal Tax Return, State Tax Bill, Mortgage Statement, Bank Statement
Federal DOT verification notice, Property Rental Agreement, Agents filing Corporation documents
Solicitations/junk mail will not be accepted as proof of residency

________ Delaware Drivers License Number _______________________(Sole Member, Owner Operator, President, Partner, Member)

________ Proof of Ownership (Delaware title in your name or business name, Certificate of Origin or an Out of state title)

________ Dealer Bill of Sale. Delaware Documentation Fee 4.25% of purchase price. Private sales & vehicles
already in your name being transferred to Delaware we will use NADA or apprasial by a certified dealer

________ Active Federal DOT number marked for INTERstate
(FMCSA.DOT.GOV)

SS-4 letter, CP575B or LTR147C from the Internal Revenue Service to verify tax identification number and business
name.

________ Even if you are using your personal name as your entity; you are required to obtain a tax identification number. We
do not utilize social security numbers
(IRS.GOV)

________ Delaware corporation in Good Standing

________ Current Delaware Business License

OR

________ Tempory Business license is Only Valid for 60 days - Date on Temporary License____________________

________ If you were previously registered in another jurisdiction you are required to provide previous actual miles;
register for 12 months and provide current registration card.
Odometer reading from June 30th ________________________
(if you have not been registered in any jurisdiction in the last 18 months; you are considered a NEW applicant)

________ Original Insurance Card - Policy, Invoice, Payment Proof is not acceptable insurance coverage
With Delaware issued policy; Delaware address; Expiration date < 12 months; NAIC; complete and accurate
VIN, Name on insurance card matches both title name and account name. IF Leased a policy will be
acceptable as long as the VIN is on the policy or detailed in your signed lease.
Lease Agreement (If insurance, DOT, or IFTA issued by leasing company); Signed by all parties, dated and includes VIN and lesor and lessee's responsibilites

HVUT ONLY if the vehicle title is already in the applicants name. Stamp Paid Copy of form 2290 if reg>55K

Delaware Division of Motor Vehicles Safety Inspection

Proof of Manufactures Vehicle Gross Weight Rating (MGVWR) Title 21 § 2105
Every person applying to register a vehicle at a registered gross vehicle weight in excess of 26,000 pounds shall provide to the Department with the application documentation of the manufacturer's gross vehicle weight rating for such vehicle. (1) A valid manufacturer's GVWR plate, sticker or plaque permanently affixed to the vehicle (photo) (2) Certificate of Origin (3) a written statement from the manufacturer with the vehicle identification number (VIN), the weight rating. In the case that the vehicle is missing a valid plate or can not obtain the documents the DMV shall assign a GVWR for that vehicle based on the federal bridge formula

Unified Carrier Registration paid for current year (UCR.GOV)

Complete all forms attached PRIOR to coming into the office; you will be required to fill them out staff are not permitted to complete the forms for you
# Motor Carrier Account Application

For Office Use Only

Motor Carrier Account Number: ______________

Document Date __________________________

<table>
<thead>
<tr>
<th>Legal Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>DBA</td>
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</table>

<table>
<thead>
<tr>
<th>Tax Identification Number</th>
<th>USDOT Number</th>
<th>Registrant Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>_________________________</td>
<td>_____________</td>
<td>YES</td>
</tr>
</tbody>
</table>

- Business Type:
  - [ ] Corporation
  - [ ] LLC
  - [ ] LLP
  - [ ] Owner Operator
  - [ ] Government
  - [ ] Non-Profit Corporation
  - [ ] Partnership
  - [ ] Religious

**Business Phone & Fax**  
 (*company phone not individual*)

- Phone _________________________________  FAX _________________________________

**Physical Business Address (No Post Office Box)**

- Street __________________________________________________________
- City ________________________________  State DE  Zip ______________  County ___________

**Mailing Address**

- P O Box ____________  Street __________________________________________
- City ________________________________  State _______  Zip ______________
<table>
<thead>
<tr>
<th>Officer Type:</th>
<th>President</th>
<th>Vice President</th>
<th>Sole Member</th>
<th>Member</th>
<th>Owner Operator</th>
<th>Partner (circle one)</th>
</tr>
</thead>
</table>

| Name__________________________ | Business Address__________________________ |
|______________________________|__________________________________________|
| City __________________ State ______ Zip_________ | Email ___________________________ @ ____________ |
| Office Phone ___________________ FAX ___________________ | Mobile Phone ___________ Drivers License State ____ Number_________ |

<table>
<thead>
<tr>
<th>Officer Type:</th>
<th>President</th>
<th>Vice President</th>
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<th>Member</th>
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</tr>
</thead>
</table>

| Name__________________________ | Business Address__________________________ |
|______________________________|__________________________________________|
| City __________________ State ______ Zip_________ | Email ___________________________ @ ____________ |
| Office Phone ___________________ FAX ___________________ | Mobile Phone ___________ Drivers License State ____ Number_________ |

<table>
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</tr>
</thead>
</table>

| Name__________________________ | Business Address__________________________ |
|______________________________|__________________________________________|
| City __________________ State ______ Zip_________ | Email ___________________________ @ ____________ |
| Office Phone ___________________ FAX ___________________ | Mobile Phone ___________ Drivers License State ____ Number_________ |

| Office Use: Document Date __________ Clerk__________ (Cross through unused sections) |
Motor Carrier Account Name __________________________________________ Motor Carrier Account Number __________

TIN___________________________

The personnel noted below are employees, officers, or directors of the above company and FLEET and are authorized to act on behalf of the company for purposes of accessing and updating account information, transfer and/or renewal of vehicles, filing of tax returns, and to provide representation as part of any audit related activities for the following for the following tax or registration fee matters: International Registration Plan (IRP); International Fuel Tax Agreement (IFTA); Unified Carrier Registration (UCR) and Heavy Vehicle Use Tax (Form 2290); Titles and Registrations.

I certify that I am acting in the capacity of sole proprietor, corporate officer, partner (except a limited partner), member or manager of a limited liability company, or fiduciary on behalf of the taxpayer, and that I have authority to execute this account access on behalf of the taxpayer.

<table>
<thead>
<tr>
<th>Signature</th>
<th>Title</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Print Name</td>
<td>Telephone Number</td>
<td></td>
</tr>
</tbody>
</table>

Before me personally appeared __________________________ (Taxpayer Name) who by me duly sworn under oath says that the statements set forth above are true and correct. SUBSCRIBED TO AND SWORN before me this _______ day of _____________, 20__________.

_________________________________________ State of Delaware, __________ County

Notary Public

| IRP Contact Type: Audit Primary Other_________ Signer ONLY Pickup ONLY |
| IFTA Contact Type: Audit Primary Other_________ Signer ONLY Pickup ONLY |
| Job Title___________________________ |
| Name___________________________ |
| Business Address___________________________ City _________________ State ______ Zip______ |
| Email ____________________________@___________________________ |
| Main Phone ______________________ FAX ___________________ Mobile ____________________________ |

| IRP Contact Type: Audit Primary Other_________ Signer ONLY Pickup ONLY |
| IFTA Contact Type: Audit Primary Other_________ Signer ONLY Pickup ONLY |
| Job Title___________________________ |
| Name___________________________ |
| Business Address___________________________ City _________________ State ______ Zip______ |
| Email ____________________________@___________________________ |
| Main Phone ______________________ FAX ___________________ Mobile ____________________________ |

**Additional pages may be used but will require notary  
*** Do not add agents as authorized personnel

Office Use: Document Date_________________Clerk______________(cross off unused sections)
Registration Certification

In order to register through the Plan your vehicle must meet the following criteria:

- Have two axles and a gross weight or registered gross weight in excess of 26,000 pounds;
- Have three or more axles, regardless of weight or
- Is used in combination, when the gross vehicle weight of such combination exceeds 26,000 pounds
- Intends to travel two or more jurisdictions and used for the transportation of persons for hire or designed, used or maintained primarily for the transportation of property

I have read the above and my vehicle meets the criteria. I understand that if my vehicle does not travel outside the state of Delaware in 18 months that I will be removed from the Plan. I will be responsible for all expenses incurred with re-titling my vehicle. _______(initial)

1. Do you have a physical structure located in Delaware? YES NO
2. Is this physical structure open for business and staffed during regular business hours by one or more persons employed by the registrant on a permanent basis (i.e., not an independent contractor) conducting trucking-related business? YES NO
3. Are the operational records of the fleet located at this location? YES NO
4. If not can the operational records be made available at the Delaware location in the event of an audit? YES NO
   ❖ if not, the registrant must pay all costs of travel and per diem expenses in accordance with the Plan section 1602.

In order to register through the Plan, you must provide the following documents:

- Three acceptable proofs of residency containing name and address for which you will complete the application in.
- Delaware insurance card (DE address, complete VIN, expiration not to exceed 365 days, NAIC
- “PASSED” DMV inspection report
- Form 2290 (If you were previously registered and your vehicle has a MGVWR > 54,999 lbs.)
- Bill of sale
- Title or certificate of origin
- A clear, signed, current copy of a lease

If you were previously registered you will need to provide the actual mileage traveled in the prior year.
I/we, the undersigned, do hereby certify, under penalty of perjury, that the statements made herein are true and correct to the best of my/our knowledge, information and belief. I/we understand that in the event the established place of business is proven to be outside the State of Delaware, the registration will be suspended and the registration and document fees will not be refunded.

Name of company: ______________________________________________________________________

Signature of applicant: __________________________________________________________________

Printed name of applicant: __________________________________________________________________

COMMERCIAL MOTOR VEHICLE REGULATIONS
(Title 21 Chapter 47, and Title 29 Chapter 82 §8225 of the Delaware Code)

As a Commercial Motor Vehicle registrant, I hereby certify knowledge of applicable Federal and State motor carrier safety regulations and federal hazardous materials regulations adopted by the State of Delaware.

Signature _____________________________________________________________________________

OFFICE USE ONLY -

IRP Account Number: ________________________

IRP unit approval: __________________________

Date: ________________________________
Every carrier shall maintain and preserve detailed mileage records (by vehicle, summarized monthly and/or quarterly) upon which the IRP apportioned application is based. The carrier shall preserve such records for a period of three years after the close of the registration year. {Article X §1000 of the Plan} For example, if a carrier’s 2013 registration year is September 1, 2012 through August 31, 2013 (which would require mileage records to be maintained for the period July 1, 2010 through June 30, 2011); these records must be preserved and maintained through August 31, 2016. Such records shall be made available upon request by any member jurisdiction. In the event the carrier fails to maintain and preserve such records, assessments and penalties shall be imposed in accordance with Article X §1015 of the Plan. In addition, continued failure to comply will result in suspension or revocation of your operating credentials.

Adequacy of Records

Effective July 1, 2013, Article X §1005 of the Plan requires the Registrant to retain adequate records as follows:

(a) The Records maintained by a Registrant under Section 1000 shall be adequate to enable the Base Jurisdiction to verify the distances reported in the Registrant’s application for apportioned registration and to evaluate the accuracy of the Registrant’s distance accounting systems for its Fleet.

(b) Provided a Registrant’s Records meet the criterion in subsection (a), the Records may be produced through any means, and retained in any format or medium available to the Registrant and accessible by the Base Jurisdiction.

Contents of Records—Vehicle Tracking System or GPS

Effective July 1, 2013, Records containing the following elements shall be accepted by the Base Jurisdiction as adequate under Section 1005(a). {IRP Article X §1010(b)}:

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

- The original GPS or other location date for the Vehicle which the Records pertain
- The date and time of each GPS or other system reading
- The location of each GPS or other system reading
- The beginning and ending reading from the odometer, hubometer, engine control module (ECM), or any similar device for the period to which the Records pertain
- The calculated distance between each GPS or other system reading
- The route of the Vehicle’s travel
- The total distance traveled by the Vehicle
- The distance traveled in each jurisdiction
- The Vehicle identification number or Vehicle unit number

In addition to maintaining trip reports, the carrier is required to maintain:

- A summary of the Fleet’s operations for each month, which includes both the full distance traveled by each Apportioned Vehicle in the Fleet during the calendar month, and the distance traveled in the month by each Apportioned Vehicle in each Jurisdiction
- A summary of the Fleet’s operations for each calendar quarter, which include both the full distance traveled by Vehicles in the Fleet during the calendar quarter, and the distance traveled in each Jurisdiction by the Vehicles in the Fleet during the calendar quarter
- A summary of the quarterly summaries

All carriers are liable for the proper maintenance of the above records so as to avoid the possibility of additional registration fee assessments and/or the cancellation of operating credentials {Article X §1015 of the Plan}.

I have read and understand my responsibilities regarding requirements in accordance with IRP.

Motor Carrier Account Name ____________________________

Date ____________________________

Print Name and Title of Representative ____________________________

Signature ____________________________

DMV Staff Initials ____________________________

Revised 4/25/13
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(b) Provided a Registrant’s Records meet the criterion in subsection (a), the Records may be produced through any means, and retained in any format or medium available to the Registrant and accessible by the Base Jurisdiction.

**Contents of Records-Other than vehicle-tracking system**

Effective July 1, 2013, Records containing the following elements shall be accepted by the Base Jurisdiction as adequate under Section 1005(a). {IRP Article X §1010(b)}:

For Records produced by a means other than a vehicle-tracking system:

- The beginning and ending dates of the trip to which the Records pertain
- Trip origin and destination of the trip
- The route of travel
- The beginning and ending reading from the odometer, hubometer, engine control module (ECM), or any similar device for the trip
- The total distance of the trip
- The distance traveled in each Jurisdiction
- The Vehicle identification number or Vehicle unit number

In addition to maintaining trip reports, the carrier is required to maintain:

- A summary of the Fleet’s operations for each month, which includes both the full distance traveled by each Apportioned Vehicle in the Fleet during the calendar month, and the distance traveled in the month by each Apportioned Vehicle in each Jurisdiction
- A summary of the Fleet’s operations for each calendar quarter, which include both the full distance traveled by Vehicles in the Fleet during the calendar quarter, and the distance traveled in each Jurisdiction by the Vehicles in the Fleet during the calendar quarter
- A summary of the quarterly summaries

**Note:** Please refer to the Article X §1010(b) of the Plan for record keeping requirements if an on-board recording device (GPS) is being used. A separate record keeping requirements form is required.

All carriers are liable for the proper maintenance of the above records so as to avoid the possibility of additional registration fee assessments and/or the cancellation of operating credentials {Article X §1015 of the Plan}.

I have read and understand my responsibilities regarding requirements in accordance with IRP.

<table>
<thead>
<tr>
<th>Motor Carrier Account Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Print Name and Title of Representative</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

Revised 01/23/19
Fleet Distance Schedule

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>DISTANCE PER VEHICLE</th>
<th>JURISDICTION</th>
<th>DISTANCE PER VEHICLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>DE Delaware</td>
<td>15,122</td>
<td>ND North Dakota</td>
<td>636</td>
</tr>
<tr>
<td>AB Alberta</td>
<td>331</td>
<td>NE Nebraska</td>
<td>632</td>
</tr>
<tr>
<td>AL Alabama</td>
<td>1,105</td>
<td>NF New Foundland</td>
<td>285</td>
</tr>
<tr>
<td>AK Alaska</td>
<td>0</td>
<td>NH New Hampshire</td>
<td>296</td>
</tr>
<tr>
<td>AR Arkansas</td>
<td>1,048</td>
<td>NJ New Jersey</td>
<td>4,944</td>
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<tr>
<td>AZ Arizona</td>
<td>1,629</td>
<td>NM New Mexico</td>
<td>1,982</td>
</tr>
<tr>
<td>BC British Columbia</td>
<td>317</td>
<td>NS Nova Scotia</td>
<td>394</td>
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<tr>
<td>CA California</td>
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<td>NT NW Territory</td>
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<td>880</td>
<td>NV Nevada</td>
<td>640</td>
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<td>CT Connecticut</td>
<td>3,835</td>
<td>NY New York</td>
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<td>DC District of Columbia</td>
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<td>1,325</td>
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<td>IN Indiana</td>
<td>1,684</td>
<td>QC Quebec</td>
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<td>KS Kansas</td>
<td>450</td>
<td>RI Rhode Island</td>
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<td>KY Kentucky</td>
<td>416</td>
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<td>878</td>
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<td>MT Montana</td>
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<tr>
<td>NB New Brunswick</td>
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<td>WY Wyoming</td>
<td>526</td>
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<tr>
<td>NC North Carolina</td>
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<td>YT Yukon</td>
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</tr>
</tbody>
</table>

Per IRP, Inc. this chart is to be used when a registrant does not have actual distance

**The distance will be calculated times the total number of vehicles in the fleet.**

Authorized Personnel ____________________________________________________

Date ____________________________________________

Actual distance traveled by Delaware carriers during registration year 2018
Weight Schedule

Vehicle Type: _____ TT – Truck Trailer   TK – Truck   D2/TT Dump Truck & Trailer   D1/TK Dump Truck
BS- Bus   Number Bus Seats _________

Use TT for any truck pulling trailer out of Delaware even if occasionally

<table>
<thead>
<tr>
<th>JURISDICTION</th>
<th>WEIGHT</th>
<th>JURISDICTION</th>
<th>WEIGHT</th>
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<tbody>
<tr>
<td>AK ALASKA</td>
<td></td>
<td>NV NEVADA</td>
<td></td>
</tr>
<tr>
<td>AL ALABAMA</td>
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<td>NY NEW YORK</td>
<td></td>
</tr>
<tr>
<td>AR ARKANSAS</td>
<td></td>
<td>OH *OHIO</td>
<td></td>
</tr>
<tr>
<td>AZ ARIZONA</td>
<td></td>
<td>OK OKLAHOMA</td>
<td></td>
</tr>
<tr>
<td>CA CALIFORNIA</td>
<td></td>
<td>OR OREGON</td>
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</tr>
<tr>
<td>CO *COLORADO</td>
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<td>PA PENNSYLVANIA</td>
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<tr>
<td>CT CONNECTICUT</td>
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<td>RI RHODE ISLAND</td>
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<td>DC DIST. OF COLUMBIA</td>
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<td>SC SOUTH CAROLINA</td>
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<td>DE DELAWARE</td>
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<td>SD SOUTH DAKOTA</td>
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<tr>
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<td>TX TEXAS</td>
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</tr>
<tr>
<td>IA IOWA</td>
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<td>UT *UTAH</td>
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</tr>
<tr>
<td>ID IDAHO</td>
<td></td>
<td>VA VIRGINIA</td>
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<td>IL ILLINOIS</td>
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<td>VT VERMONT</td>
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<tr>
<td>IN *INDIANA</td>
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<td>WA *WASHINGTON</td>
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<td>KY KENTUCKY</td>
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<td>MD *MARYLAND</td>
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<td>AB ALBERTA</td>
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<tr>
<td>ME MAINE</td>
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<td>BC BRITISH COLUMBIA</td>
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<td>MI *MICHIGAN</td>
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<td>MB MANITOBA</td>
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<td>MN *MINNESOTA</td>
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<td>NB NEW BRUNSWICK</td>
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<tr>
<td>MO MISSOURI</td>
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<td>NL NEWFOUNDLAND - LABRADOR</td>
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<td>NT NW TERRITORY</td>
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<td>NC NORTH CAROLINA</td>
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<tr>
<td>NE NEBRASKA</td>
<td></td>
<td>PE PRINCE EDWARD ISLAND</td>
<td></td>
</tr>
<tr>
<td>NH NEW HAMPSHIRE</td>
<td></td>
<td>QC *QUEBEC</td>
<td></td>
</tr>
<tr>
<td>NJ NEW JERSEY</td>
<td></td>
<td>SK SASKATCHEWAN</td>
<td></td>
</tr>
<tr>
<td>NM NEW MEXICO</td>
<td></td>
<td>YT YUKON TERRITORY</td>
<td></td>
</tr>
</tbody>
</table>

- Please use a separate form for each vehicle **type** and **weight**
- Truck Trailer weight must be entered as Combined Gross Vehicle Weight
- 2 axle truck cannot exceed 40,000 or MGVWR whichever is less
- 3 axle truck cannot exceed 65,000 or MGVWR whichever is less
- 4 axle truck cannot exceed 73,280 or MGVWR whichever is less

☐ Wrecker – Register at fully equipped vehicle

I the undersigned do hereby request that my vehicle(s) be registered at the above weight. I understand that it is my responsibility as a registrant to know what weight each jurisdiction in which I travel is allowable. Motor Carrier Services is not liable for any fines I may incur.

Signature ___________________________ Date ___________________________
<table>
<thead>
<tr>
<th>Add</th>
<th>Delete</th>
<th>Modify</th>
<th>Plate Number</th>
<th>Exchange Plate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Truck Trailer</td>
<td>Truck</td>
<td>Bus</td>
<td>Wrecker</td>
<td></td>
</tr>
<tr>
<td>Year</td>
<td>Make</td>
<td>Model</td>
<td>Unladen Weight</td>
<td></td>
</tr>
<tr>
<td>Axles</td>
<td>Power Unit Registration Weight</td>
<td>Power Unit MGVWR</td>
<td></td>
<td></td>
</tr>
<tr>
<td>MGVWR Verified?</td>
<td>Yes</td>
<td>No</td>
<td>Fuel</td>
<td>Primary Color</td>
</tr>
<tr>
<td>Tint Waiver on File?</td>
<td>Yes</td>
<td>No</td>
<td>Unit Number</td>
<td>Combination Registration Weight if Truck Trailer</td>
</tr>
<tr>
<td>Odometer</td>
<td>Do you travel less than 10,000 miles nationally?</td>
<td>Yes</td>
<td>No</td>
<td>Pulls Trailer?</td>
</tr>
<tr>
<td>Was this vehicle previously registered to your IRP account?</td>
<td>Yes</td>
<td>No</td>
<td>Purchased</td>
<td>New</td>
</tr>
<tr>
<td>Purchase Price</td>
<td>Factory Price</td>
<td>DEFAULT</td>
<td>Title Issue Date</td>
<td></td>
</tr>
<tr>
<td>Owner name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lease Agreement</td>
<td>Yes</td>
<td>No</td>
<td>Lessee Name</td>
<td></td>
</tr>
<tr>
<td>Lease Start Date</td>
<td>Lease End Date</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NAIC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**TO BE COMPLETED BY APPLICANT – CRFS**

Carrier Responsible for Safety USDOT number

Carrier Responsible for Safety Tax ID number

Is the motor carrier responsible for safety expected to change during the registration year?  Yes NO

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**Vehicle Exchange**

Plate Number 

I understand that the above mentioned vehicle is being utilized as an exchange. That the above mentioned plate is no longer valid for operating and that it is my responsibility to remove the plate, registration and IFTA from the vehicle. If this vehicle is found operating on the road with the above mentioned plate it will be considered as fictitious and may be liable for fines. Date: _______________ Sign ________________

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**Complete this schedule in full. The information requested is used to determine registration fees by some jurisdiction.**

All information must be entered to create an invoice.

Combination Registration Weight – The registration weight that the truck and trailer can carry together. Round to nearest 1,000 lbs unless registering for 73,280

Unladen Weight – The empty weight of the power unit (shipping weight / tare weight) Record accurate weight there is a fee associated with this field

Axles – The number of axles on the power unit only. Include front drive axle

Power Unit Registration Weight – The weight that the power unit with NO trailer attached can be registered for. Round to nearest 1,000 lbs unless registering for 73,280

Power Unit MGVWR – the weight that the manufacture certifies the power unit to be safely registered at. Record weight as indicated

NAIC – National Automotive Insurance Code; 5 digit code listed on insurance card

CRFS – The CRFS is the person whom holds the insurance and responsible for the safety of the vehicle. This section is to be completed ONLY by the applicant. Indicate the USDOT number (DOT) and Taxpayer Identification Number (TIN).
Delaware International Fuel Tax Agreement
License Application

Registration Period 01/01/2019 through 12/31/2019

Circle type of application - New Account Supplemental

Legal Name

Motor Carrier Account Number Tax Identification Number US DOT Number

Leasing Company US DOT Number

If you do not have Delaware apportioned plates and you lease your vehicles; you are required to indicate your leasing company’s Federal DOT number and submit a clear copy of your lease with your new, renewal or supplemental application.

Type of Fuel Used (circle all that apply)

- Diesel
- Gasoline
- Biodiesel
- Liquid Propane (LPG)
- Compressed Natural Gas (CNG)
- Ethanol
- Gasohol
- Liquid Natural Gas (LNG)
- Methanol E-85 (Ethanol 85)
- M-85 (Methanol 85)
- A-55 (Naptha/ Crude/Water)

Have you been issued an IFTA license by another IFTA jurisdiction? Yes No

Has your IFTA license ever been suspended or revoked? Yes No

Do you maintain bulk fuel storage in any jurisdiction including Delaware? Yes No

If yes list jurisdictions & Tank Capacity

Are you consolidating fleets from other jurisdictions in this account? Yes No

Decal Order

Two IFTA Decals (1 set) are needed for each vehicle

Number of Decal Sets Ordered

Number of decal sets @ $5.00 per set Amount Due

Make checks payable to: DMV

The applicant agrees to comply with tax reporting, payment, record keeping requirements, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that the State of Delaware may withhold any refunds due if the IFTA applicant is delinquent on payment of fuel taxes due to any member IFTA jurisdiction. Failure to comply with these provisions shall be grounds for revocation of any IFTA license in all member jurisdictions. I hereby affirm that I am authorized to sign this application and that the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature of authorized personnel Date

New accounts or account changes must submit the following forms to our office:

- Motor Carrier Account Application
- Account Officer Contact Information
- Contacts for Motor Carrier Services Section
Carrier Responsibilities Regarding Recordkeeping Requirements

Motor Carrier Account __________________________

Every carrier shall maintain and preserve detailed mileage and fuel records (by vehicle summarized monthly and/or quarterly) upon which the quarterly fuel tax reports are based. The carrier shall preserve such records for a period of four years from the due date of the report or the date filed, whichever is later. For example, the Second Quarter 1997 tax return is due July 31, 1997. If filed timely, records for this quarter must be preserved and maintained through July 31, 2001; if filed on October 15, 1997, the records must be preserved and maintained through October 15, 2001. Such records shall be made available upon request by any member jurisdiction. In the event the carrier fails to maintain and preserve such records, assessments and penalties shall be imposed. In addition, continued failure to comply will result in suspension or revocation of your operating credentials.

Acceptable Source Documents

An acceptable (required) source document used to verify vehicle mileage and fuel is through the use of an “Individual Vehicle Mileage Record” (trip report). A standardized trip report is suggested and encouraged (a sample trip report can be provided upon request). A trip report must include the following minimum information:

1. Vehicle identification number
2. Driver name
3. Date of the trip
4. Trip origin and destination information
5. Trip beginning and ending odometer/hubometer readings
6. Routes of travel
7. Jurisdictional state miles & total trip miles traveled

In addition to maintaining trip reports, the carrier is required to:

- Maintain complete records of all fuel purchased, received, and used in the conduct of business. Separate totals must be compiled for each fuel type used. Fuel records shall contain, but not be limited to: Date of fuel purchase; seller’s name and address (machine or credit card imprinted, and address must show state in which sale is made); number of gallons purchased; type of fuel; and unit number or tag number.
- Maintain retail purchase documentation (receipt or invoice, credit card receipt, automated vendor generated invoice or transaction listing, or microfilm). Acceptable documentation must include, but shall not be limited to, the following: Date of fuel purchase; seller’s name and address (machine or credit card imprinted, and address must show state in which sale is made); purchaser’s name; number of gallons purchased; type of fuel; and unit number or tag number.
- Maintain tax-paid bulk fuel documentation. Copies of all bulk delivery tickets and/or receipts must be retained. Distribution records from bulk storage facilities must be maintained distinguishing qualified vehicle fuelings from other uses. Evidence of inventory reconciliation must be maintained to verify completeness of receipt and distribution records. To obtain credit for withdrawals from carrier-owned, tax-paid bulk storage, the following minimum records must be maintained: Date of withdrawal; number of gallons; type of fuel; unit number or tag number; and purchase records to substantiate that tax was paid on all bulk purchases.
- Accumulate monthly and/or quarterly mileage and fuel summaries on a per vehicle basis with a breakdown of jurisdictional miles traveled, and a breakdown of vehicle fuelings.
- Maintain all mileage and fuel records and summary information on an IFTA fleet basis.
- Determine jurisdictional state miles through the use of odometer/hubometer readings at state lines, maps, mileage generation systems, or on board recording devices. State mileage cannot be estimated.
- Ensure that all mileage and fuel records are legible and complete so that the continuous movement and fuel consumption of each vehicle can be audited.
- Ensure that trip reports include all miles traveled by the vehicle including loaded, empty, deadhead, &/or bobtail miles.

I have read and understand my responsibilities regarding record requirements in accordance with IFTA.

IFTA Account Name __________________________ Date __________________________

Print Name and Title of Authorized Account Representative __________________________ Signature __________________________
USEFUL WEBSITES

Motor Carrier Services:  http://www.dmv.de.gov/services/TransServ/MC

Delaware Division of Motor Vehicles:  http://www.dmv.de.gov

Delaware Division of Revenue:  www.revenue.delaware.gov

Delaware Division of Corporations:  www.corp.delaware.gov

International Registration Plan:  www.irponline.org

International Fuel tax Agreement:  www.iftach.org

Unified Carrier Registration:  www.ucr.in.gov

Internal Revenue Service:  www.irs.gov
  • File Form 2290 Heavy Vehicle Use Tax
  • Apply for Employer Identification Number

Federal Motor Carrier Services Administration:  www.fmcsa.dot.gov
  • Apply for Federal DOT number
  • Information on Commercial Vehicle Information System and Networks (CVISN)
  • Information on Performance and Registration Information Systems Management (PRISM)
  • Medical Card package
  • Update MCS150

Self Registration for Motor Carrier Services (IRP & IFTA):  http://motorcarrier.dmv.de.gov

Red Light Violations:  www.Public.cite-web.com
Motor Carrier Dates to Remember
(this list is for reference only; do not assume it is complete)

January 31st - File 4th Quarter IFTA Tax Return
February - IFTA Decals Need To Be On Trucks
March 1st - Inc file and pay Annual Corporation Tax with the Division of Corporations
April 30st - File 1st Quarter IFTA Tax Return
June 1st - LLC & LP pay Annual Corporation Tax to the Division of Corporations
June 30st - File And Pay Heavy Vehicle Use Tax Form 2290 to the IRS
June 30st - Foreign Corps pay Annual Corporation Tax to the Division of Corporations
July 31st - File 2nd Quarter IFTA Tax Return
October 31st - File 3rd Quarter IFTA Tax Return
December 31st - Renew Delaware Business License

IRP Registration Expiration Date
Mileage Year to be reported for registration renewal July 1 thru June 30
The mileage year changes with September 30 expiration to current year

Federal DOT Update Schedule
MCS-150
If Your Federal DOT Number Ends In - Then You Must Update By The Last Day Of The Month Listed
1 - January
2 - February
3 - March
4 - April
5 - May
6 - June
7 - July
8 - August
9 - September
0 - October
If the NEXT TO THE LAST DIGIT of your DOT number is Odd you will file in Odd number calendar years
If the NEXT TO THE LAST DIGIT of your DOT number is Even you will file in Even number calendar years