



MISSOURI DEPARTMENT OF TRANSPORTATION  
 MOTOR CARRIER SERVICES  
 PO BOX 270, 830 MODOT DRIVE, JEFFERSON CITY, MO 65102-0270

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 PHONE 866.831.6277  
 FAX OSOW 573.751.7408

## 72 HOUR TRIP (IRP) & FUEL (IFTA) PERMIT

**IT IS STRONGLY RECOMMENDED THAT YOU USE THE INSTRUCTIONS PROVIDED WITH THIS FORM AS A GUIDE. INCOMPLETE OR INCORRECT APPLICATIONS WILL DELAY THE ISSUANCE OF DOCUMENTS.**

### SECTION 1. GENERAL INFORMATION

USDOT NO.	FMSCA NO.	FEIN/SSN (SSN Sole Proprietor Only)	
NAME OF CARRIER			
TRADE OR DBA (DOING BUSINESS AS) NAME			
<b>PRINCIPAL PLACE OF BUSINESS ADDRESS</b> (Not a PO Box)			
STREET		CITY	STATE ZIP CODE
<b>MAILING ADDRESS</b> (if different than Principal Address, May be a PO Box)			
STREET		CITY	STATE ZIP CODE
DAYTIME PHONE NO.	FAX NO.	E-MAIL ADDRESS	

### SECTION 2. 72 HOUR PERMIT TYPE

**After processing an invoice will be sent by fax or e-mail. Call 1.866.831.6277 to pay.**

<input type="checkbox"/> 72 Hour Reciprocity Trip Permit <b>\$10.00</b>	<input type="checkbox"/> 72 Hour IFTA Permit <b>\$10.00</b>	<input type="checkbox"/> 72 Hour Trip/Fuel Combination Permit <b>\$20.00</b>	
VEHICLE YEAR	VEHICLE MAKE	VEHICLE VIN	
REGISTRATION STATE	LICENSE NUMBER	BEGINNING DATE	BEGINNING TIME (HH:MM) <input type="checkbox"/> AM <input type="checkbox"/> PM

### SECTION 3. PERMIT SERVICE INFORMATION (\*Required for Permit Service Companies Only\*)

COMPANY NAME	CONTACT NAME		
COMPANY STREET	CITY	STATE	ZIP CODE
PHONE NO.	FAX NO.	E-MAIL ADDRESS	

**If you are using a Permit Service, a Power of Attorney MUST be submitted with this form.**

# INSTRUCTIONS – 72 HOUR PERMIT

## MoDOT Motor Carrier Services

### SECTION 1. GENERAL INFORMATION

<b>USDOT Number</b>	Enter your USDOT Number, if applicable. If your company has not been assigned a USDOT number, leave this field blank.
<b>MC Number</b>	Enter your Motor Carrier Number, if applicable. If your company has not been assigned an MC number, leave this field blank.
<b>FEIN/SSN</b>	Enter your Federal Employee Identification Number issued by the Internal Revenue Service (IRS). If you are a sole proprietor and do not have an FEIN number, enter your Social Security Number in this field.
<b>Name of Carrier</b>	Enter your company's legal name. This name must be the same as what is registered with the FMCSA. Do not enter your DBA name in this field. → Single Owner: enter your first and last name as shown on birth records. → Partnership: list the legal name of each partner. → Corporation or LLC: enter the unique name of the company that is on file with your state of incorporation.
<b>Trade/DBA Name</b>	If your company uses a fictitious (DBA) name, and you are a Missouri based carrier, that name must be registered with the Missouri Secretary of State. Contact the Secretary of State's office at 1.800.223.6535 if you have questions.
<b>Principal Place of Business Address</b>	Enter the address where business and safety records of the company are kept and can be made available. This must be a physical location, not a PO Box.
<b>Mailing Address</b>	Enter your mailing address, if different than your principal place of business address. This address may be a PO Box.
<b>Phone &amp; Fax Numbers</b>	Enter your business telephone and fax numbers.
<b>E-mail Address</b>	Enter your e-mail address for account correspondence.

### SECTION 3. FORM OF BUSINESS

<b>72 Hour Reciprocity Trip - \$10.00</b>	Permit is required for carriers based in another jurisdiction that are not properly licensed to travel in or through the state of Missouri.
<b>72 Hour IFTA Permit - \$10.00</b>	Permit is required prior to entry or re-entry into Missouri when not registered for IFTA.
<b>72 Hour Combination - \$20.00</b>	Permit is required for carriers based in another jurisdiction that are not properly licensed to travel in or through the state of Missouri <b>AND</b> are not registered for IFTA.
<b>Vehicle Year</b>	Enter the year of the vehicle you are requesting a permit for.
<b>Vehicle Make</b>	Enter the make of the vehicle you are requesting a permit for.
<b>Vehicle VIN</b>	Enter the VIN of the vehicle you are requesting a permit for.
<b>Registration State</b>	Enter the registration state of the vehicle you are requesting a permit for.
<b>License Number</b>	Enter the license number of the vehicle you are requesting a permit for.
<b>Beginning Date</b>	Enter the date you would like for the 72 hour permit to begin.
<b>Beginning Time</b>	Enter the time you would like for the 72 hour permit to begin. Be sure to choose AM or PM.

### SECTION 4. PERMIT SERVICE INFORMATION (\*Required for Permit Service Companies Only)

Required for Permit Service Companies Only. Provide all requested information.

### CONTACT INFORMATION

You can fax or mail the completed form to the contact number or address located on page one. Selecting the button SUBMIT BY E-MAIL will allow you to e-mail the form to [contactmcs@modot.mo.gov](mailto:contactmcs@modot.mo.gov).