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

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PHONE 866.631.6277
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CUSTOMER INFORMATION FORM

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

PRINCIPAL PLACE OF BUSINESS ADDRESS (Not a PO Box)

STREET	CITY	STATE	ZIP CODE

MAILING ADDRESS (if different than Principal Address, May be a PO Box)

STREET	CITY	STATE	ZIP CODE

DAYTIME PHONE NO.	**FAX NO.**	**E-MAIL ADDRESS**

MO TERMINAL ADDRESS (IRP/IFTA) where you have a business, not a PO Box) ☐ Same as Principal Address shown above.

STREET	CITY	STATE	ZIP CODE

OSOW TERMINAL (Oversize Overweight) ☐ Same as Principal Address shown above.

STREET	CITY	STATE	ZIP CODE

SECTION 2. CUSTOMER TYPE (Select all that apply)

☐ **IRP/IFTA** ☐ **OSOW** ☐ **72 Hour Trip/Fuel Permit**

SECTION 3. FORM OF BUSINESS

☐ Sole Proprietor ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Company ☐ Corporation ☐ Trust

State of Organization/Incorporation_____ Date Organized_____ Charter Number_____

COMPANY OFFICERS OR PARTNERS:

Name: _____ Title: _____

Name: _____ Title: _____

CONTACT NAME (if different than Company Officer or Partner):

Name: _____ Title: _____

SECTION 4. 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.

SECTION 5. CERTIFICATION & SIGNATURE

The applicant agrees by signing below:

To comply with quarterly reporting, payment, record keeping supported by four (4) years of records, and license display requirements as specified in the INTERNATIONAL FUEL TAX AGREEMENT (IFTA). The applicant authorizes the state of Missouri to refund any overpayment or withhold any refund of overpayment, if delinquent amounts are due any IFTA member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license in all member jurisdictions.

To comply with all Federal and State safety laws and regulations before the permit, license, certificate or property carrier registration has been issued and before the applicant commences for-hire motor carrier movements. The applicant by signature on and/or delivery of this application to Motor Carrier Services (MCS) consents on behalf of itself; its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to the applicant's safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal, and local laws.

My signature below shall be:

→ Considered a signature to unsigned return(s) and becomes part of my IFTA quarterly returns.
→ Considered a signature for authorization to remove power unit(s) from my INTERNATIONAL REGISTRATION PLAN (IRP) fleet that is/are licensed in excess of 54,000 pounds and process the remaining Missouri portion of fees as a refund.
→ An affirmation and proof that I have established and maintained all legally required liability insurance coverage on all qualified vehicles bearing a Missouri apportioned license plate.

Estimated Mileage Only: I hereby declare that I have no actual mileage to report. I understand that if I choose to provide my own estimated trips and routes I am required to provide a scope of operation explaining how the mileage was determined in each jurisdiction. I understand I cannot use the same estimated mileage figure for each jurisdiction or unreasonable mileage figures. If the Missouri Highway and Transportation Commission (MHTC) or its designee determines that the mileage I have declared is unacceptable I allow the MHTC to estimate distance of the fleet based on average vehicle distance in each member jurisdiction using its own data.

Under penalty of perjury under the laws of the state of Missouri and the United States of America, the information on this form or attached hereto is true and correct, I am authorized to sign this form on behalf of the applicant, and the signature below is my own true and correct signature made by me or my legal representative and by no other person.

If filing online please type your first and last name in the signature field below. This indicates your acceptance of the above terms and is considered the **legal electronic equivalent of your signature.

Applicant Name Printed	Applicant Signature	Title	Date

If Attorney signed on behalf of Applicant above, print address	Attorney MO Bar No.

NOTE: The applicant must sign the application, or a third party must submit written proof (i.e. Power of Attorney) of their authority to sign on behalf of the applicant. If the applicant is a corporation, an officer of the company or an individual authorized to sign on behalf of the company may sign this application. If the applicant is a Limited Liability Corporation (LLC), a member or manager authorized to sign on behalf of the LLC may sign this application. If the applicant is a corporation or an LLC, an attorney that is licensed to practice before the Missouri Bar may sign the application.

SUBMIT BY EMAIL PRINT

INSTRUCTIONS – CUSTOMER INFORMATION FORM

MoDOT Motor Carrier Services

SECTION 1. GENERAL INFORMATION

USDOT Number	Enter your USDOT Number, if applicable. If your company has not been assigned a USDOT number, leave this field blank.
MC Number	Enter your Motor Carrier Number, if applicable. If your company has not been assigned an MC number, leave this field blank.
FEIN/SSN	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.
Name of Carrier	Enter your company's legal name. This name must be the same as what is registered with the FMCSA. Do no 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.
Trade/DBA Name	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.
Principal Place of Business Address	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.
Mailing Address	Enter your mailing address, if different than your principal place of business address. This address may be a PO Box.
MO Terminal Address (IRP/IFTA)	IRP or IFTA customers – provide a Missouri address where you have an established place of business. This must be a physical location, not a PO Box.
Terminal Address (OSOW)	OSOW customers – provide a terminal address if applicable.
Phone & Fax Numbers	Enter your business telephone and fax numbers.
E-mail Address	Enter your e-mail address for account correspondence.

SECTION 2. CUSTOMER TYPE

Check if you are filling out this form for IRP/IFTA, OSOW, or a 72 hour Trip/Fuel Permit. You can check more than one option.

SECTION 3. FORM OF BUSINESS

Business Type	Check the box that identifies your form of business. → Partnerships, Corporations, & Limited Liability Corporations – enter the state of organization/incorporation, organization date, and charter number, as applicable.
Company Officers/Partners	Enter the name and title of company officers or partners. Not required for sole proprietors.
Contact Name	Enter the name and title of an authorized contact person, if other than officers or partners listed.

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

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

SECTION 5. CERTIFICATION & SIGNATURE

The applicant or individual legally authorized to sign on behalf of the applicant must sign and date the Customer Information Form. If a permit service signs this section, a Power of Attorney must accompany the completed form.

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.