



EQUIPMENT REGISTRATION FORM – INSTRUCTIONS

General Information Section

Application Number - This number is issued by Motor Carrier Services.

Tax ID Number (FEIN/SSN) – Enter the **registrant/ motor carrier** Federal Identification Number or Social Security Number

Type of Transaction - Indicate add, transfer, deletion, etc. (See back of form for other transaction types and documents required).

Type of Operation – Enter "X" in the boxes that describe the registrant's business.

Commodity Class – Enter "X" in the boxes that describe the commodity(s) being transported.

Registration Year - Enter all four digits of the registration year

Account Number - Enter the number assigned by Motor Carrier Services (If new, leave blank).

Fleet Number - Enter the number assigned by Motor Carrier Services.(If new, leave blank).

U.S. Department of Transportation (U.S. DOT) Number – Enter the registrant/motor carrier U.S. DOT number. If you do not have a U. S. DOT Number, you must complete a MCS-150 form. (To obtain immediately: <http://www.safer.fmcsa.dot.gov>)

International Fuel Tax Agreement (IFTA) License Number - Enter your IFTA license number. If leased, indicate, "leased" in box.

Federal Motor Carrier Safety Administration (FMCSA) Number - Enter your FMCSA MC number. If leased, indicate, "leased" in box.

Name of Registrant/Motor Carrier – Enter the name in which you are applying for plates. This name must be identical to the name listed with the FMCSA and Missouri Secretary of State.

Doing Business As – If applicable, enter the name in which the registrant/motor carrier does business.

Business Address – Enter the **Missouri address** where the registrant/motor carrier has an established place of business.

County – Enter the county in which the business address is located

Business Phone Number - Enter the Missouri telephone number of the registrant/motor carrier. **Service Agent telephone numbers and toll free numbers are not acceptable.**

Mailing Address – Enter the address where the registrant desires his/her registration credentials mailed. **This cannot be a post office box number.**

County – Enter the county in which the mailing address is located.

Person to Contact – Indicate the individual responsible for the completion of the forms and who is familiar with the requirements of the application.

Contact Phone Number – Enter the area code and phone number of the contact person.

Fax Number – Enter the area code and facsimile number.

Email Address – Enter the email address of the person responsible for processing/completing the applications.

International Fuel Tax Agreement (IFTA) Decal Request Section - Complete this section when adding additional qualified vehicles to the apportioned fleet and you need to obtain decals.

IFTA License Number - Enter your IFTA license number.

Number of Decals Requested - Enter the number of decal sets you are requesting. (The number of decals issued must reconcile with the number of trucks licensed, and will be subject to audit.)

Equipment Addition Section

Equipment Number - Enter the equipment number or unit number you have assigned to each power unit or trailer.

Model Year & Make - Enter the four digits of the model year and the make of the power unit or trailer.

Vehicle Identification Number (VIN) – Enter the complete VIN as listed on the title or the application for title.

Vehicle Type/ Axles – Enter the type of vehicle - TK= Straight Truck, TR= Tractor, TT=Truck Tractor, RT=Road Tractor, ST=Semi-Trailer, FT=Full Trailer, BS=Bus, CG=Converter Gear. Enter the number of axles under each power unit and each trailer (each axle in a tandem group is one axle). **(When prorating with Quebec, the combination of both tractor and trailer axles will be shown on the cab card.)**

Fuel Type/Seats – Enter the type of fuel being used by the power unit (If trailer, leave blank.) Enter the actual seating capacity for buses.

Unladen Weight – Enter the empty weight of the power unit or trailer.

Weight Group – (Combined Gross Weight)– Enter the weight classification in which the vehicle is being licensed. (Use the Comparable Weight Chart for assistance)

Unit Price – Latest purchase price is the actual purchase price of the vehicle paid by the current owner, including accessories or modifications attached to the vehicle. The factory price is ninety percent (90%) of the manufacturer's retail price, including accessories or modifications attached to the vehicle, but excludes trade-in and sales tax.

Date of Purchase – Enter the month, day and year the vehicle was purchased by the current owner.

Leased – If the vehicle is leased, enter "X" for yes and submit a copy of the lease with the application. If not leased, enter "X" for no.

Name of Lessee and/or Lessor – Enter the name of the owner-operator, service representative, or lessee.

Title State/Title Number – Enter the state abbreviation the title was issued in. Enter the number shown on the **registrant/motor carrier Missouri title**.

Plate Number - Enter the plate number (if any) issued by Motor Carrier Services that has not expired.

Control & Responsibility for safety of this vehicle - Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year by lease? Enter an "X" in the appropriate box.

US DOT Number / Tax ID Number (FEIN) –

If you are a registrant (no operating authority is held) and hold the responsibility of safety for US DOT number and Tax ID your vehicles or the vehicle is being rented or leased for less than 30 days to an interstate motor carrier, enter your Number (FEIN). If the vehicle is being leased for 30 days or to an interstate motor carrier, enter the US DOT number and Tax ID Number (FEIN) of the motor carrier responsible for the safety of the vehicle.

Equipment Deletion Section

Equipment Number - Enter the equipment number or unit number you have assigned to each power unit or trailer that is being removed from service.

Model Year & Make - Enter the four digits of the model year and the make of the power unit or trailer.

Vehicle Identification Number (VIN) – Enter the complete VIN as listed on the title or the application for title.

Plate Number– Enter the plate number issued by Motor Carrier Services that has not expired.

Weight Group– (Combined Gross Weight) – Enter the weight classification in which the vehicle is licensed.

Jurisdictional Weights Section

Refer to the Motor Carrier Services Comparable Weight Chart. List only the weights for the IRP jurisdictions that will be different than the Missouri combined gross weight. If adding a new jurisdiction, enter the weights next to the new jurisdiction(s) being added.

Refund Request Section

If you are removing a power unit that is registered for more than 54,000 pounds, you may request the remaining Missouri portion of the fees as a refund by marking the appropriate box and signing the form. **No photocopy of a signature will be accepted.**

CHECK LIST: Below are the documents, which need to be submitted to our office for each type of transaction. Each transaction type must be completed on a separate equipment registration form. Please submit “copies” of supporting documents unless otherwise noted.

<p align="center">NEW ACCOUNT OR NEW FLEET</p> <p><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM</p> <p><input type="checkbox"/> COMPLETED MILEAGE REGISTRATION FORM IF VEHICLE (S) WERE OPERATED DURING REPORTING PERIOD – ACTUAL MILEAGE IS REQUIRED.</p> <p><input type="checkbox"/> COMPLETED IFTA FORM</p> <p><input type="checkbox"/> TITLE OR VALIDATED TITLING RECEIPT</p> <p><input type="checkbox"/> LEASE AGREEMENT, IF LEASED</p> <p><input type="checkbox"/> PAYMENT OF HEAVY HIGHWAY VEHICLE USE TAX (IRS-FORM 2290/SCHEDULE I) FOR POWER UNITS BEING LICENSED AT 55,000 LBS. OR MORE MUST BE FILED BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH OF FIRST USE. SUBMIT:</p> <ul style="list-style-type: none"> • RECEIPTED FORM 2290/SCHEDULE 1 RETURNED FROM IRS LISTING VIN, OR • FORM 2290/SCHEDULE 1 LISTING VIN WITH COPY OF CANCELLED CHECK <p><input type="checkbox"/> CURRENT MISSOURI COUNTY PERSONAL PROPERTY TAX RECEIPT OR TAX WAIVER</p> <p><input type="checkbox"/> PROOF OF RESIDENCE</p> <ul style="list-style-type: none"> • MO DRIVERS LICENSE • MO PERSONAL/REAL ESTATE TAX RECEIPT • MO CORPORATION PAPERS • FEDERAL INCOME TAX FILED FROM AN ADDRESS IN MISSOURI • UTILITY BILLS • MO TITLE OR TITLE APPLICATION (Must furnish 3 forms for proof of residence) 	<p align="center">ADD VEHICLE</p> <p><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM</p> <p><input type="checkbox"/> TITLE OR VALIDATED TITLING RECEIPT</p> <p><input type="checkbox"/> LEASE AGREEMENT, IF LEASED</p> <p><input type="checkbox"/> PAYMENT OF HEAVY HIGHWAY VEHICLE USE TAX (IRS-FORM 2290/SCHEDULE I) FOR POWER UNITS BEING LICENSED AT 55,000 LBS. OR MORE MUST BE FILED BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH OF FIRST USE. SUBMIT:</p> <ul style="list-style-type: none"> • RECEIPTED FORM 2290/SCHEDULE 1 RETURNED FROM IRS LISTING VIN, OR • FORM 2290/SCHEDULE 1 LISTING VIN WITH COPY OF CANCELLED CHECK 	<p align="center">ADD VEHICLE & TRANSFER (Transferring the plate from one vehicle to another)</p> <p><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM</p> <p><input type="checkbox"/> TITLE OR VALIDATED TITLING RECEIPT</p> <p><input type="checkbox"/> LEASE AGREEMENT, IF LEASED</p> <p><input type="checkbox"/> PAYMENT OF HEAVY HIGHWAY VEHICLE USE TAX (IRS-FORM 2290/SCHEDULE I) FOR POWER UNITS BEING LICENSED AT 55,000 LBS. OR MORE MUST BE FILED BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH OF FIRST USE. SUBMIT:</p> <ul style="list-style-type: none"> • RECEIPTED FORM 2290/SCHEDULE 1 RETURNED FROM IRS LISTING VIN, OR • FORM 2290/SCHEDULE 1 LISTING VIN WITH COPY OF CANCELLED CHECK <p><input type="checkbox"/> ORIGINAL CAB CARD ON DELETED UNIT OR PLATE IF THE ORIGINAL CAB CARD IS LOST</p>	<p align="center">DELETE VEHICLE</p> <p><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM</p> <p><input type="checkbox"/> ORIGINAL CAB CARD</p> <p><input type="checkbox"/> LICENSE PLATE</p>
<p align="center">WEIGHT GROUP CHANGE (Weight changes within a particular weight group)</p> <p><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM LISTING ALL THE VEHICLE INFORMATION UNDER THE ADDITION SECTION AND JURISDICTIONAL WEIGHTS TO BE CHANGED UNDER THE JURISDICTIONAL WEIGHT SECTION</p>	<p align="center">AMEND VEHICLE (Increasing or decreasing the weight on one vehicle)</p> <p><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM</p> <p><input type="checkbox"/> ORIGINAL CAB CARD</p> <p><input type="checkbox"/> LICENSE PLATE IF CHANGING MISSOURI WEIGHT</p> <p><input type="checkbox"/> PAYMENT OF HEAVY HIGHWAY VEHICLE USE TAX (IRS-FORM 2290/SCHEDULE I) FOR POWER UNITS BEING LICENSED AT 55,000 LBS. OR MORE MUST BE FILED BY THE LAST DAY OF THE MONTH FOLLOWING THE MONTH OF FIRST USE. SUBMIT:</p> <ul style="list-style-type: none"> • RECEIPTED FORM 2290/SCHEDULE 1 RETURNED FROM IRS LISTING VIN, OR • FORM 2290/SCHEDULE 1 LISTING VIN WITH COPY OF CANCELLED CHECK 	<p align="center">ADD JURISDICTION</p> <p><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM LISTING “ALL” ACTIVE POWER UNITS UNDER THE ADDITION SECTION</p> <p><input type="checkbox"/> ORIGINAL CAB CARD(S)</p> <p><input type="checkbox"/> INDICATE NEW JURISDICTIONAL WEIGHTS</p>	<p align="center">REPLACE CAB CARD</p> <p><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM LISTING ALL THE VEHICLE INFORMATION UNDER THE ADDITION SECTION</p> <p align="center">REPLACE PLATE</p> <p><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM LISTING ALL THE VEHICLE INFORMATION UNDER THE ADDITION SECTION</p> <p><input type="checkbox"/> NOTARIZED AFFIDAVIT OF LOST PLATE</p>
			<p align="center">FLEET-TO- FLEET TRANSFER (Moving a vehicle from one fleet to another)</p> <p><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM FOR THE FLEET YOU ARE ADDING TO</p> <p><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM FOR THE FLEET YOU ARE DELETING FROM</p> <p><input type="checkbox"/> ORIGINAL CAB CARD</p> <p><input type="checkbox"/> SURRENDER LICENSE PLATE ONLY IF CHANGING COMBINED GROSS WEIGHT OR WHEN ADDING A DIFFERENT VEHICLE</p>



MISSOURI DEPARTMENT OF TRANSPORTATION
 MOTOR CARRIER SERVICES
 1320 CREEK TRAIL DRIVE, P.O. BOX 893
 JEFFERSON CITY, MO 65105-0893
 PHONE: (866) 831-6277 OR (573) 751-6433
 FAX: (573) 751-0916 WEB ADDRESS: www.modot.org/mcs

DOCUMENT CHECKLIST ON BACK OF FORM

APPLICATION #	TAX ID NUMBER (FEIN/SSN)	TYPE OF TRANSACTION	PAGE _____ OF _____
TYPE OF OPERATION: <input type="checkbox"/> PVT - PRIVATE <input type="checkbox"/> FOR - FOR-HIRE <input type="checkbox"/> FHL - FOR-HIRE LEASE		<input type="checkbox"/> FHE - FOR-HIRE EXEMPT <input type="checkbox"/> FHR - FOR-HIRE RENTAL <input type="checkbox"/> PVR - PRIVATE RENTAL	COMMODITY CLASS: <input type="checkbox"/> A - ALL <input type="checkbox"/> E - EXEMPT <input type="checkbox"/> H - HOUSEHOLD GOODS

EQUIPMENT REGISTRATION FORM

REGISTRATION YEAR	NAME OF REGISTRANT (IF CORPORATION, SUBMIT CORPORATION PAPERS)			IFTA DECAL REQUEST THE NUMBER OF DECALS ISSUED MUST RECONCILE WITH THE NUMBER OF TRUCKS LICENSED, AND WILL BE SUBJECT TO AUDIT.		
ACCOUNT NUMBER	DBA NAME (IF APPLICABLE, SUBMIT FICTITIOUS NAME PAPERS)					
FLEET NUMBER	BUSINESS ADDRESS (WHERE FLEET IS BASED)		COUNTY	IFTA LICENSE NUMBER		
U.S. DOT NUMBER	CITY, STATE, ZIP CODE		BUSINESS PHONE NUMBER			
IFTA NUMBER	MAILING ADDRESS FOR BILLS, CAB CARDS, PLATES (NO P.O. BOX NUMBERS)		COUNTY	NUMBER OF DECALS REQUESTED _____ SETS		
FMCSA NUMBER	CITY, STATE, ZIP CODE			JURISDICTIONAL WEIGHTS SECTION LIST ONLY THE WEIGHTS OF THE IRP JURISDICTIONS THAT WILL BE DIFFERENT THAN THE MISSOURI COMBINED GROSS WEIGHT. IF ADDING A NEW JURISDICTION, ENTER THE WEIGHTS NEXT TO THE NEW JURISDICTION.		
PERSON TO CONTACT	CONTACT PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS			

EQUIPMENT ADDITION SECTION				EQUIPMENT ADDITION SECTION						
EQUIPMENT NUMBER				EQUIPMENT NUMBER				AL	MN	VA
MODEL YEAR & MAKE				MODEL YEAR & MAKE				AR	MS	VT
VEHICLE IDENTIFICATION NUMBER				VEHICLE IDENTIFICATION NUMBER				AZ	MT	WA
VEHICLE TYPE & AXLES	VEHICLE TYPE	POWER UNIT AXLES	TRAILER UNIT AXLES	VEHICLE TYPE & AXLES	VEHICLE TYPE	POWER UNIT AXLES	TRAILER UNIT AXLES	CA	NC	WI
FUEL TYPE & SEATS (IF A BUS)	FUEL TYPE	NUMBER OF SEATS		FUEL TYPE & SEATS (IF A BUS)	FUEL TYPE	NUMBER OF SEATS		CO	ND	WV
UNLADEN WEIGHT				UNLADEN WEIGHT				CT	NE	WY
WEIGHT GROUP (Combined Gross Weight)				WEIGHT GROUP (Combined Gross Weight)				DC	NH	AB
UNIT PRICE	LATEST PURCHASE PRICE	FACTORY PRICE		UNIT PRICE	LATEST PURCHASE PRICE	FACTORY PRICE		DE	NJ	BC
DATE OF PURCHASE (MM/DD/YYYY)				DATE OF PURCHASE (MM/DD/YYYY)				FL	NM	MB
IS UNIT LEASED?	<input type="checkbox"/> YES <input type="checkbox"/> NO			IS UNIT LEASED?	<input type="checkbox"/> YES <input type="checkbox"/> NO			GA	NV	NB
NAME OF TITLED OWNER (LESSOR)				NAME OF TITLED OWNER (LESSOR)				IA	NY	NL
TITLE STATE & TITLE NUMBER	TITLE STATE	TITLE NUMBER		TITLE STATE & TITLE NUMBER	TITLE STATE	TITLE NUMBER		ID	OH	NS
PLATE NUMBER				PLATE NUMBER				IL	OK	NT
CONTROL AND RESPONSIBILITY FOR SAFETY OF THIS VEHICLE:				CONTROL AND RESPONSIBILITY FOR SAFETY OF THIS VEHICLE:				IN	OR	ON
IS RESPONSIBLE CARRIER EXPECTED TO CHANGE DURING REGISTRATION YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				IS RESPONSIBLE CARRIER EXPECTED TO CHANGE DURING REGISTRATION YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				KS	PA	PE
USDOT NUMBER: _____ TAX ID NUMBER (FEIN): _____				USDOT NUMBER: _____ TAX ID NUMBER (FEIN): _____				KY	RI	QC

EQUIPMENT DELETION SECTION				EQUIPMENT DELETION SECTION				REFUND REQUEST IF YOU ARE REMOVING A POWER UNIT THAT IS LICENSED FOR MORE THAN 54,000 POUNDS YOU MAY REQUEST THE REMAINING MISSOURI PORTION OF FEES AS A REFUND. BY MARKING THE APPROPRIATE BOX BELOW AND SIGNING ON THE PROVIDED LINE.			
EQUIPMENT NUMBER				EQUIPMENT NUMBER							
MODEL YEAR & MAKE				MODEL YEAR & MAKE				<input type="checkbox"/> PLEASE ISSUE A REFUND FOR THE REMAINING PORTION OF MY MISSOURI FEES.			
VEHICLE IDENTIFICATION NUMBER				VEHICLE IDENTIFICATION NUMBER							
PLATE NUMBER				PLATE NUMBER				ORIGINAL SIGNATURE (SORRY, NO COPY OF SIGNATURE ACCEPTED)			
COMBINED GROSS WEIGHT				COMBINED GROSS WEIGHT							
								REGISTRATION DATE	EXAMINED BY/DATE		

X