

**MISSOURI DEPARTMENT OF TRANSPORTATION
MOTOR CARRIER SERVICES
GUIDE TO OPENING AN ACCOUNT**

NEW ACCOUNTS

NEW FLEETS

This guide is designed to help you complete the registration forms to obtain an apportioned license plate and fuel license. Motor Carrier Services publishes a more detailed manual on IRP and IFTA if this guide does not answer all your questions. You may contact Motor Carrier Services using any of the methods below:

Telephone: (866) 831-6277
(573) 751-7100

Mailing Address: P.O. Box 270
Jefferson City, MO 65102-0270

Fax: (573) 751-0916

Office Location: 830 MoDOT Dr.
Jefferson City, MO 65102-0270

Internet: www.modot.org/mcs

A completed registration application requires all of the following forms and supporting documents:
Any missing information will result in your application being returned.

APPLICATION PROCESSING

- International Fuel Tax Agreement Form (IFTA)** – (attached in this booklet with instructions) Complete this form if you are applying for a fuel license.
- Equipment Registration Form** – (attached in this booklet with instructions) Complete this form listing power units and/or trailers you are purchasing apportioned license plates for.
- Mileage Registration Form** – (attached in this booklet with instructions) Complete this form indicating each jurisdiction for which you are applying for license and indicate actual/estimated mileage.

REQUIRED SUPPORTING DOCUMENTS

- Missouri title or the validated titling receipt** – (obtained at your local motor vehicle fee office) Submit a copy showing you have either received or applied for your title.
- Federal Heavy Vehicle Use Tax (IRS Form 2290)** – (obtained from Internal Revenue Service) Federal law requires proof of payment (or exemption) of the Federal Heavy Vehicle Use Tax, by the last day of the month following the month of first use, when any power unit is registered with a gross or combined gross weight of 55,000 pounds or more. An acceptable receipt will be:
 - A receipted IRS Form 2290/Schedule 1 returned from IRS listing vehicle identification numbers (VIN), or
 - IRS Form 2290/Schedule 1 listing vehicle identification numbers (VIN) with a copy of the front and back of cancelled check, money order, cashiers check or electronic confirmation if payment is made on-line at www.irs.gov/efile/article/0,,id=98005,00.html.
- Lease Agreement** – Submit a copy if the vehicle/trailer is involved in a lease. The lease agreement must identify unit by year, make, and vehicle identification number (VIN), and signatures of applicable parties.
- Missouri County Personal Property Receipt** – (obtained from your Missouri County Collector office) Submit a copy of the **paid** tax receipt and/or a tax waiver for current year on all vehicles (owned or leased). Please verify all vehicles. If your receipt is not detailed in showing the number of vehicles, then a copy of your assessment list must be sent in with the receipt.
- U.S. DOT Number Requirement** – This number can be applied for and obtained immediately by accessing the FMCSA's on-line registration system at www.safer.fmcsa.dot.gov.

IMPORTANT INFORMATION AND FREQUENTLY ASKED QUESTIONS

When do I need apportioned plates (IRP)?

You are required to have apportioned plates if you operate two or more jurisdictions and/or if your vehicle(s) meet one or more of the following requirements.

- the power unit licensing weight is in excess of 26,000 lbs.,
- the power unit has more than two axles, regardless of licensed weight;
- the power unit is used in combination and the said combination exceeds 26,000 lbs.; or
- the power unit performs **intrastate** movements in another jurisdiction other than Missouri, regardless of licensed weight.

When do I need to register with the Missouri Secretary of State Office?

Any person(s) wishing to form or conduct business in Missouri as a corporation (including, among others, for profit, nonprofit and professional corporations), limited liability company, limited partnership, limited liability partnership, limited liability limited partnership, or under a fictitious name, must first apply to the Office of the Missouri Secretary of State for authority to do so.

Why do I need a U.S. DOT number and when do I need to register with the Federal Motor Carrier Safety Administration?

Missouri is a member of the Performance Registration and Information Systems Management (PRISM) program that is a federal/state partnership to improve motor carrier safety by making safe performance a requirement for obtaining and keeping commercial vehicle license plates. The U.S. DOT number is used to identify both the motor carrier responsible for safety and the individual vehicle registrant (if different). Unfit carriers may be denied the ability to register their vehicles.

Under PRISM, the U.S. DOT number of the motor carrier is responsible for the safety of every vehicle registered must be identified during the registration process as well as the U.S. DOT number of the registrant.

You must report, for each power unit, the U.S. DOT number of the motor carrier responsible for the safe operation of the vehicle for the registration year. The motor carrier responsible for safety is the entity that the U.S. DOT ultimately holds accountable for things like hours-of-service, compliance, drug and alcohol testing, and vehicle maintenance. In order to accurately identify responsibility for each vehicle, the U.S. DOT number must be captured at the time of registration.

If you, the Registrant, hold that responsibility on all your vehicles, you will be required to list your U.S. DOT number for each power unit. If you are renting or leasing vehicles in your fleet to an interstate motor carrier, in other words, if you are running under someone else's authority that will be responsible for the safe operation of the vehicle, provide the U.S. DOT number according to the following:

Short Term Lease – if the vehicle will be rented or leased for 30 days or less to an interstate motor carrier, enter your (Registrant) U.S. DOT number.

Long Term Lease – if the vehicle will be leased for more than 30 days to an interstate motor carrier, enter the U.S. DOT number of the motor carrier responsible for the safety of the vehicle.

The application will ask for the U.S. DOT number assigned to the power unit and if the safety responsibility of the vehicle will change during the registration year.

The PRISM program requires an updated MCS-150 associated with each U.S. DOT number on the IRP account. If you would like to verify your U.S. DOT numbers or if you do not have a U.S. DOT number you can go on-line at www.safer.fmcsa.dot.gov.

What is acceptable as proof of ownership (title)?

We will accept a copy of the validated titling receipt (DOR-108) showing the title has been applied for at the motor vehicle fee office or a copy of the issued title. In no case will we accept a title that has been signed over on the back. When applying for title under a name other than your individual name, the application for title must match the name on file with the Missouri Secretary of State and Federal Motor Carrier Safety Administration (FMCSA).

When do I need a paid Heavy Highway Vehicle Use Tax Receipt (IRS-Form 2290)?

Any time you license a power unit at 55,000 lbs. or higher.

When do I need to supply a copy of a lease agreement?

Any time the vehicle is involved in a lease you must submit a lease agreement that identifies the unit(s) involved by year, make, and vehicle identification number (VIN) and it must provide both parties signatures.

What is considered a “current year” county personal property tax receipt or tax waiver for Missouri?

A current year tax receipt is usually one year prior to the current license year. (e.g. 2006 license year requires a 2004 personal property tax receipt and/or tax waiver if application is made **before January 1, 2006**). After January 1, 2006 you must submit a 2005 receipt.

Whose Missouri county personal property tax receipt is required?

Generally it will always be in the name of the registrant/motor carrier who is applying for the license plates. However, in some cases when the unit is leased, and the owner is a Missouri resident, the tax receipt will be under the owner’s name and a copy of the owner’s Missouri county personal property tax receipt must be submitted.

How long is an apportioned plate good for?

Effective with the 2006 plate registration, Missouri initiated a quarterly staggered registration. Missouri IRP Apportioned Cab Cards will expire at different times dependent upon the quarter in which you are establishing your new account. There are no grace periods and your expiration date will be shown on the cab card. All vehicles you add to your account will have the same expiration date. You will receive a renewal approximately 3 to 4 months in advance of the expiration.

What forms of payment are acceptable for an apportioned plate?

1. Acceptable forms of payment by mail and walk in:
 - Cash, Personal or Company Check, Cashier’s Check or Money Order, and Bank to Bank Transfers
2. Acceptable forms of payment by the internet:
 - American Express, MasterCard, Discover, and Debit Cards

When do I need an International Fuel Tax license and decal (IFTA)?

You are required to have an IFTA license if you operate in two or more jurisdictions and/or if your vehicle(s) meet one or more of the following requirement.

- the power unit has two axles and a gross vehicle weight or registered gross vehicle weight exceeding 26,000 lbs.
- the power unit has three or more axles regardless of weight; or
- the power unit is used in combination and the said combination exceeds 26,000 lbs.

How long is an IFTA license and decals good for?

Missouri’s IFTA license and decals are valid for a calendar year from January 1 through December 31.

How much does an IFTA license and set of decals cost?

Missouri does not charge for an IFTA license or decals but the number of decals issued must reconcile with the number of trucks licensed, and will be subject to audit.

How do I order additional IFTA decals for additional qualified vehicles?

1. You may call Motor Carrier Services at 866-831-6277 or 573-751-7100.
2. You may complete the “IFTA Decal Request Section” on the equipment registration form when applying for an apportioned plate.
3. You may order them on-line using our new web based internet system.

How often do I file my fuel tax returns?

Carriers licensed under IFTA are required to file quarterly fuel tax returns, with their base jurisdiction, showing all miles traveled, all fuel consumed, and gallons of fuel purchased tax paid in each IFTA jurisdiction operated during the quarter.

What are the reporting periods and due dates for fuel tax returns?

REPORTING PERIOD	DUE DATE
January - March	April 30
April - June	July 31
July - September	October 31
October - December	January 31

MISSOURI IFTA APPLICATION FORM INSTRUCTIONS

SECTION 1

Registration year - Enter all four digits of the registration year (e.g., 2006).

Federal Identification Number or Social Security Number - Enter the **applicant's** Federal Identification Number or Social Security Number. This number will be assigned as the account number.

IRP Apportioned Account Number - Enter the applicant's International Registration Plan (IRP) account number assigned by Motor Carrier Services, if applicable.

Name of Applicant/Carrier - Enter the name in which the IFTA license is to be issued.

Doing Business As - If applicable, enter the name in which the applicant/carrier does business.

Business Address (Street or Road Designation) - Enter the Missouri address where the applicant has an established place of business.

Mailing Address - Enter the address where the applicant desires his/her credentials/notifications mailed.

Person to Contact - Indicate the individual responsible for the completion of the form 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 fax number.

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

SECTION 2

Number of Vehicles Needing Decals - Enter the number of qualified vehicles needing decals. (The number of decals issued must reconcile with the number of trucks licensed, and will be subject to audit.)

SECTION 3

Bulk Storage - Indicate if bulk storage is maintained and the location of the storage.

SECTION 4

Type of Fuels Used - Indicate each type of fuel being used in the qualified vehicle(s).

SECTION 5

Type of Missouri License - Indicate the types of Missouri license plate(s) that are displayed on the qualified vehicle(s).

SECTION 6

Leased Vehicles - Indicate if vehicles being licensed are leased by marking the appropriate box. If yes, indicate who is responsible for the fuel reporting. Indicate the name and address of the party the vehicle(s) are leased to.

SECTION 7

Applicant Partners or Officers - List the names and titles of partners or officers associated with the applicant/business.

SECTION 8

Previously held IFTA license - Indicate if you have previously held an IFTA license in another jurisdiction by marking the appropriate box. If yes, and the previous license has been suspended or revoked mark the appropriate box and indicate the jurisdiction in which the license was held.

SECTION 9

Petroleum Products - Indicate if the applicant is hauling petroleum products.

SECTION 10

Power of Attorney (Optional) - If a carrier service or any other person other than yourself is responsible for the filing of your application or the quarterly returns, you **MUST** complete this section and have the application notarized. **Your account information will only be discussed with the appointed person or the person signing the application for license.**

SECTION 11, 12 AND 13

Signature of Applicant - The signature on the application shall be considered signature(s) to your unsigned quarterly return(s) for the registration year and will become part of your quarterly return(s). Signing of the application also certifies that you understand the requirement of the International Fuel Tax Agreement and that all information supplied on the application and the quarterly return(s) will be true, correct, and completed to the best of your knowledge.

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MISSOURI IFTA APPLICATION

REGISTRATION DATE	EXAMINED
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1	REGISTRATION YEAR	FEDERAL IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER			IRP APPORTIONED ACCOUNT NUMBER (IF APPLICABLE)		
	NAME OF APPLICANT/CARRIER						
	DOING BUSINESS AS						
	BUSINESS ADDRESS (STREET OR ROAD DESIGNATION)			CITY	STATE	ZIP CODE	COUNTY
	MAILING ADDRESS (STREET OR BOX NUMBER)			CITY	STATE	ZIP CODE	
	PERSON TO CONTACT		CONTACT PHONE NUMBER () ()	FAX NUMBER () ()	EMAIL ADDRESS		
	2 Number of vehicles needing DECALS: _____ ***THERE IS NO CHARGE FOR DECALS*** The number of decals issued must reconcile with the number of trucks licensed, and will be subject to audit.						
3 Do you maintain bulk storage? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, where:							
4 Please indicate the type of fuel(s) used: <input type="checkbox"/> GAS <input type="checkbox"/> DIESEL <input type="checkbox"/> PROPANE <input type="checkbox"/> GASOHOL <input type="checkbox"/> LNG <input type="checkbox"/> CNG <input type="checkbox"/> ETHANOL <input type="checkbox"/> METHANOL <input type="checkbox"/> E-85 <input type="checkbox"/> M-85 <input type="checkbox"/> A55							
5 Type of Missouri License: <input type="checkbox"/> APPORTIONED <input type="checkbox"/> BEYOND LOCAL <input type="checkbox"/> FARM <input type="checkbox"/> LOCAL <input type="checkbox"/> DEALER							
6 Are your vehicles involved in a lease agreement? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, who is responsible for the fuel tax reporting? <input type="checkbox"/> Lessor <input type="checkbox"/> Lessee Indicate name and address of Lessee: _____							
7 List name and title of applicant partners or officers: _____ _____							
8 Have you previously held an IFTA License in another jurisdiction? <input type="checkbox"/> YES <input type="checkbox"/> NO Is that license currently suspended or revoked? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, in what jurisdiction?							
9 Do you haul petroleum products? <input type="checkbox"/> YES <input type="checkbox"/> NO							
10 POWER OF ATTORNEY (OPTIONAL) I hereby appoint _____ as my Attorney in Fact for all matters related to fuel taxes including, but not limited to, filing and discussing all required documents with any employee of the State of Missouri.							
11 The applicant agrees, by signing below, to comply with quarterly reporting, payment, recordkeeping supported by four years of records, and license display requirements as specified in the INTERNATIONAL FUEL TAX AGREEMENT (IFTA). The applicant authorizes the state of Missouri to withhold any refund of over-payment, 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. Applicant agrees that the information given on this application is, to the best of his/her knowledge, true, accurate, and complete.							
12 I certify, under penalty of the laws of the state of Missouri in regard to making a false declaration to a public official, that my future quarterly return(s), for the above referenced year, will be true, correct and complete to the best of my knowledge. My signature below shall be considered a signature to unsigned return(s) for the above referenced year and becomes part of my IFTA Quarterly Return.							
13 SIGNATURE OF APPLICANT							
TITLE					DATE		

NOTARY PUBLIC (ONLY IF USING A POWER OF ATTORNEY)		
NOTARY PUBLIC EMBOSSER SEAL OR BLACK INK RUBBER STAMP	STATE OF	COUNTY (OR CITY OF ST. LOUIS)
	SUBSCRIBED AND SWORN BEFORE ME, THIS	
	DAY OF	YEAR
	USE RUBBER STAMP IN CLEAR AREA BELOW.	
NOTARY PUBLIC SIGNATURE	MY COMMISSION EXPIRES	
NOTARY PUBLIC NAME (TYPED OR PRINTED)		

EQUIPMENT REGISTRATION FORM INSTRUCTIONS

General Information Section

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

TaxIDNumber(FEIN/SSN) - Enter the **registrant/motor carrier** Federal Identification Number or Social Security Number.

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

TypeofOperation - Enter "X" in the boxes which describe the registrant's business.

CommodityClass - Enter "X" in the boxes that describe the commodity(s) being transported.

RegistrationYear - Enter all four digits of the registration year (e.g., 2006).

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

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

U.S.DepartmentofTransportation(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>)

InternationalFuelTaxAgreement(IFTA)LicenseNumber - Enter your IFTA license number. If leased, indicate "leased" in box.

FederalMotorCarrierSafetyAdministration(FMCSA)Number - Enter your FMCSA MC number. If leased, indicate, "leased" in box.

NameofRegistrant/MotorCarrier - 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.

DoingBusinessAs - If applicable, enter the name in which the registrant/motor carrier does business.

BusinessAddress - 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.

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

ContactPhoneNumber - Enter the area code and phone number of the contact person.

FaxNumber - Enter the area code and facsimile number.

EmailAddress - 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.

IFTALicenseNumber - Enter your IFTA license number.

NumberofDecalsRequested - 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

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

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

VehicleIdentificationNumber(VIN) - Enter the complete VIN as listed on title or application for title.

VehicleType/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.)**

Axles - 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.**

FuelType/Seats - Enter the type of fuel (D- Diesel, G – Gas, P – Propane, E – Electric, N – Natural Gas) being used by the power unit (If trailer, leave blank), select the correct type from the drop down list. Enter the actual seating capacity for buses including driver.

UnladenWeight - Enter the empty weight of the power unit or trailer.

WeightGroup - (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.

DateofPurchase - Enter the month, day, and year the power unit or trailer was purchased by the current owner.

NameofLessee&orLessor - Enter the name of the owner-operator, service representative, or lessee.

TitleState/TitleNumber - Enter the state abbreviation the title was issued in. Enter the number shown on the **registrant/motor carrier Missouri title.**

SafetyIndicator - 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.

U.S.DOTNumber - If you are a registrant (no operating authority is held) and hold the responsibility of safety for your vehicles or the vehicle is being rented or leased for 30 days or less to an interstate motor carrier, enter **your** U.S. DOT number. If the vehicle is being leased for more than thirty days to an interstate motor carrier, enter the U.S. DOT number of the **motor carrier** responsible for the safety of the vehicle.

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

Equipment Deletion Section

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

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

VehicleIdentificationNumber(VIN) - Enter the complete VIN as listed on title or application for title.

PlateNumber - Enter the plate number issued by the Motor Carrier Services that has not expired.

WeightGroup - (Combined Gross Weight) - Enter the weight classification in which the vehicle is licensed.

Jurisdictional Weights Section - Refer to the Motor Carrier Services 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.**



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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 <input type="checkbox"/> L - LOGS <input type="checkbox"/> P - PASSENGER

EQUIPMENT REGISTRATION FORM

REGISTRATION YEAR	NAME OF REGISTRANT/MOTOR CARRIER			IFTA DECAL REQUEST SECTION THE NUMBER OF DECALS ISSUED MUST RECONCILE WITH THE NUMBER OF TRUCKS LICENSED, AND WILL BE SUBJECT TO AUDIT.		
ACCOUNT NUMBER	DOING BUSINESS AS					
FLEET NUMBER	BUSINESS ADDRESS (WHERE FLEET IS BASED)		COUNTY	IFTA LICENSE NUMBER		
U.S. DOT NUMBER	CITY, STATE, ZIP CODE		BUSINESS PHONE (MUST BE A MO#/NO TOLL FREE #'S) ()			
IFTA LICENSE NUMBER	MAILING ADDRESS FOR BILLS, CAB CARDS, PLATES (NO P.O. BOX NUMBERS)			COUNTY	NUMBER OF DECALS REQUESTED _____ SETS	
FMCSA MC 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	CA	NC	WI
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		DE	NJ	BC
DATE OF PURCHASE	DATE OF PURCHASE			FL	NM	MB
IS UNIT LEASED?	<input type="checkbox"/> YES <input type="checkbox"/> NO		IS UNIT LEASED?	GA	NV	NB
NAME OF LESSEE AND/OR LESSOR	NAME OF LESSEE AND/OR LESSOR			IA	NY	NL
TITLE STATE AND TITLE NUMBER	TITLE STATE	TITLE NUMBER		ID	OH	NS
WILL THE CONTROL AND RESPONSIBILITY FOR THE SAFETY OF THIS VEHICLE BE ASSIGNED TO A DIFFERENT MOTOR CARRIER DURING THE REGISTRATION YEAR BY LEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO	WILL THE CONTROL AND RESPONSIBILITY FOR THE SAFETY OF THIS VEHICLE BE ASSIGNED TO A DIFFERENT MOTOR CARRIER DURING THE REGISTRATION YEAR BY LEASE? <input type="checkbox"/> YES <input type="checkbox"/> NO			IL	OK	NT
U.S. DOT NUMBER	U.S. DOT NUMBER			IN	OR	ON
PLATE NUMBER	PLATE NUMBER			KS	PA	PE
EQUIPMENT DELETION SECTION			EQUIPMENT DELETION SECTION			
EQUIPMENT NUMBER	EQUIPMENT NUMBER			KY	RI	QC
MODEL YEAR & MAKE	MODEL YEAR & MAKE			LA	SC	SK
VEHICLE IDENTIFICATION NUMBER	VEHICLE IDENTIFICATION NUMBER			MA	SD	YT
PLATE NUMBER	PLATE NUMBER			MD	TN	AK
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 BELOW AND SIGNING ON THE PROVIDED LINE.			<input type="checkbox"/> PLEASE ISSUE A REFUND FOR THE REMAINING PORTION OF MY MISSOURI FEES.			
REG/TVR DATE			EXAMINED BY/DATE			

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> <input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM <input type="checkbox"/> COMPLETED MILEAGE REGISTRATION FORM IF VEHICLE(S) WERE OPERATED DURING REPORTING PERIOD - ACTUAL MILEAGE IS REQUIRED. <input type="checkbox"/> COMPLETED IFTA FORM <input type="checkbox"/> TITLE OR VALIDATED TITLING RECEIPT <input type="checkbox"/> LEASE AGREEMENT, IF LEASED <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: <ul style="list-style-type: none"> • RECEIPTED FORM 2290/SCHEDULE I RETURNED FROM IRS LISTING VIN, OR • FORM 2290/SCHEDULE I LISTING VIN WITH COPY OF CANCELLED CHECK <input type="checkbox"/> CURRENT MISSOURI COUNTY PERSONAL PROPERTY TAX RECEIPT OR TAX WAIVER	<p align="center">ADD VEHICLE</p> <input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM <input type="checkbox"/> TITLE OR VALIDATED TITLING RECEIPT <input type="checkbox"/> LEASE AGREEMENT, IF LEASED <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: <ul style="list-style-type: none"> • RECEIPTED FORM 2290/SCHEDULE I RETURNED FROM IRS LISTING VIN, OR • FORM 2290/SCHEDULE I LISTING VIN WITH COPY OF CANCELLED CHECK. 	<p align="center">ADD VEHICLE & TRANSFER (Transferring the plate from one vehicle to another)</p> <input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM <input type="checkbox"/> TITLE OR VALIDATED TITLING RECEIPT <input type="checkbox"/> LEASE AGREEMENT, IF LEASED <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: <ul style="list-style-type: none"> • RECEIPTED FORM 2290/SCHEDULE I RETURNED FROM IRS LISTING VIN, OR • FORM 2290/SCHEDULE I LISTING VIN WITH COPY OF CANCELLED CHECK. <input type="checkbox"/> ORIGINAL CAB CARD ON DELETED UNIT OR PLATE IF THE ORIGINAL CAB CARD IS LOST	<p align="center">DELETE VEHICLE</p> <input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM <input type="checkbox"/> ORIGINAL CAB CARD <input type="checkbox"/> LICENSE PLATE
<p align="center">ADD JURISDICTION</p> <input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM LISTING "ALL" ACTIVE POWER UNITS UNDER THE ADDITION SECTION <input type="checkbox"/> ORIGINAL CAB CARD(S) <input type="checkbox"/> INDICATE NEW JURISDICTIONAL WEIGHTS	<p align="center">AMEND VEHICLE (Increasing or decreasing the weight on one vehicle)</p> <input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM <input type="checkbox"/> ORIGINAL CAB CARD <input type="checkbox"/> LICENSE PLATE IF CHANGING MISSOURI WEIGHT <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: <ul style="list-style-type: none"> • RECEIPTED FORM 2290/SCHEDULE I RETURNED FROM IRS LISTING VIN, OR • FORM 2290/SCHEDULE I LISTING VIN WITH COPY OF CANCELLED CHECK 	<p align="center">ADD VEHICLE AND TRANSFER (Adding a vehicle with a weight different than the vehicle being deleted)</p> <input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM <input type="checkbox"/> TITLE OR VALIDATED TITLING RECEIPT <input type="checkbox"/> LEASE AGREEMENT, IF LEASED <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: <ul style="list-style-type: none"> • RECEIPT FORM 2290/SCHEDULE I RETURNED FROM IRS LISTING VIN, OR • FORM 2290/SCHEDULE I LISTING VIN WITH COPY OF CANCELLED CHECK <input type="checkbox"/> ORIGINAL CAB CARD ON DELETED UNIT <input type="checkbox"/> LICENSE PLATE ON DELETED UNIT	<p align="center">FLEET-TO-FLEET TRANSFER (Moving a vehicle from one fleet to another)</p> <input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM FOR THE FLEET YOU ARE ADDING TO <input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM FOR THE FLEET YOU ARE DELETING FROM <input type="checkbox"/> ORIGINAL CAB CARD <input type="checkbox"/> SURRENDER LICENSE PLATE ONLY IF CHANGING COMBINED GROSS WEIGHT OR WHEN ADDING A DIFFERENT VEHICLE
<p align="center">REPLACE CAB CARD</p> <input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM LISTING ALL THE VEHICLE INFORMATION UNDER THE ADDITION SECTION	<p align="center">REPLACE PLATE</p> <input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM LISTING ALL THE VEHICLE INFORMATION UNDER THE ADDITION SECTION <input type="checkbox"/> NOTARIZED AFFIDAVIT OF LOST PLATE	<p align="center">CAB CARD CORRECTION (MISC. CHANGE OF INFORMATION)</p> <input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM LISTING THE TYPE OF CHANGE BEING MADE <input type="checkbox"/> TITLE OR VALIDATED TITLING RECEIPT (IF APPLICABLE) <input type="checkbox"/> LEASE AGREEMENT (IF APPLICABLE) <input type="checkbox"/> ORIGINAL CAB CARD	<p align="center">WEIGHT GROUP CHANGE (Weight changes within a particular weight group)</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



MILEAGE REGISTRATION FORM – INSTRUCTIONS

Carrier Information Section

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 Federal Motor Carrier Safety Administration (FMCSA) and the Missouri Secretary of State.

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

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

Registration Year - Enter all four digits of the registration year

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

General Information on Mileage Reporting

A “**New Operation**” is a fleet of vehicles not previously registered. It does not include an existing fleet that is expanding its area of operation. First-time registrants with no mileage to report may estimate mileage using the Estimated Mileage Chart for Jurisdictions shown on the back of the mileage registration form or if you wish to estimate your own mileage, you must complete the Scope of Operation Section (located on the front of the Mileage Registration Form) detailing the scope of your operation pertaining to any estimated mileage. If a “New Operation” begins after July 1 the registrant is allowed to estimate mileage when renewing for the first time on January 1. This is because the registrant will have no actual mileage data for the reporting period.

NOTICE: Missouri will not accept the same mileage estimate for all jurisdictions or mileage that appears to be unreasonable causing a low fee in high rate jurisdictions and high fee in low rate jurisdictions.

A “**Renewal**” is a fleet that has operated during the reporting period. **The reporting period is from July 1 of the previous calendar year through June 30 of the current year.** All mileage operated including operation on trip permits and mileage operated in jurisdictions that are no longer being operated, must be reported for each jurisdiction. Carriers that did not operate the full reporting period must report only the mileage traveled. Actual miles also apply to all registrants/motor carriers who are licensing in Missouri, but operated with an apportioned license plate from any other member jurisdiction. Rounding of mileage is not allowed. In those cases where the registrant operated a fleet of apportioned vehicles in jurisdictions that require no apportionment and grant reciprocity, the miles may be added to the base jurisdiction mileage.

An “**Expanded Operation**” is the expansion of the operation into additional IRP jurisdiction(s). If the registrant did not generate miles during the previous mileage-reporting period, the registrant must estimate the mileage for the jurisdiction being added by using the Estimated Mileage Chart for Jurisdictions shown on the back of the mileage registration form or if you wish to estimate your own mileage, you must complete the Scope of Operation Section (located on the front of the Mileage Registration Form) detailing the scope of your operation pertaining to any estimated mileage.

A “**Reduced Operation**” is the elimination of operation in jurisdictions previously registered. If an operation ceases, miles operated (including trip permit miles) into such IRP jurisdiction(s) during the previous mileage reporting period are reported on the application (Mileage Registration Form) but shall not be part of in-jurisdiction miles. If the jurisdiction is added back during the registration year, the miles previously operated are used when determining the mileage percentage for the added jurisdiction and fees will be computed over 100%.

Combining Existing Multiple Fleets – There are two basic reasons for combining multiple fleets:

- **Cessation or reduction** – The miles that should be reported to the base jurisdiction for the renewal registration year should be only those miles that were operated during the mileage-reporting period by the surviving fleet. In other words, you are eliminating fleets 02, 03, etc. and moving the equipment from those fleets into the operation of the surviving fleet. You are adding vehicles to the surviving fleet the same as if they were newly acquired vehicles.
- **Consolidation** is no change in the operation of the vehicles and the consolidation into a single fleet is for administrative and management purposes only. A “new” fleet should be formed containing all the vehicles and all the miles operated by those vehicles into one report and used for the renewal registration year. If possible, the miles to be reported are the miles actually traveled by the vehicles comprising this consolidated fleet.

Mileage Reporting Section

List actual mileage operated (do not round) in each jurisdiction in which the fleet traveled **from July 1 of the previous calendar year through June 30 of the current year** for all vehicles in the fleet. Actual miles also apply to all registrants/motor carriers who are licensing in Missouri, but operated with an apportioned license plate from any other member jurisdiction

- **Mark the “Apportion” column with an “A” if registration is desired**
- **Mark the “Apportion” column with an “N” if registration is not desired**

List estimated mileage for jurisdictions in which no mileage was operated if you wish to retain or add the jurisdiction on your cab card Refer to the estimated mileage chart **or** if you wish to estimate your own mileage, you must complete the Scope of Operation Form.

Mark the “Apportion” column with an “E”

Total Fleet Mileage equals the mileage for jurisdictions marked with an “A” or an “E”

Signature – The application must be signed.

Date – The date you signed the mileage registration form.



MISSOURI DEPARTMENT OF TRANSPORTATION
 MOTOR CARRIER SERVICES
 P. O. BOX 270 1320 CREEK TRAIL DRIVE
 JEFFERSON CITY, MO 65102-0270
 PHONE: (573) 751-6433 FAX: (573) 751-0916
 WEB ADDRESS: www.modot.org/mcs

MILEAGE REGISTRATION FORM

JURISDICTIONAL USE ONLY		
NUMBER OF POWER UNITS	NUMBER OF TRAILERS	REGISTRATION FEE DATE
NUMBER OF CONVERTER GEARS	TOTAL ALL UNITS	EXAMINED BY/DATE
ACCOUNT NUMBER	FLEET NUMBER	REGISTRATION YEAR

NAME OF REGISTRANT

DBA NAME

Enter the fleet mileage for the reporting period. This is the mileage traveled from July 1 of the previous calendar year through June 30 of the current year.
 Enter an X in the box in front of each jurisdiction for which you are applying for license.

X	JURISDICTION	EST	MILEAGE	2 ND YEAR EST.	X	JURISDICTION	EST	MILEAGE	2 ND YEAR EST.
	AK (ALASKA)					NY (NEW YORK)			
	AL (ALABAMA)					OH (OHIO)			
	AR (ARKANSAS)					OK (OKLAHOMA)			
	AZ (ARIZONA)					OR (OREGON)			
	CA (CALIFORNIA)					PA (PENNSYLVANIA)			
	CO (COLORADO)					RI (RHODE ISLAND)			
	CT (CONNECTICUT)					SC (SOUTH CAROLINA)			
	DC (DIST. COLUMBIA)					SD (SOUTH DAKOTA)			
	DE (DELAWARE)					TN (TENNESSEE)			
	FL (FLORIDA)					TX (TEXAS)			
	GA (GEORGIA)					UT (UTAH)			
	IA (IOWA)					VA (VIRGINIA)			
	ID (IDAHO)					VT (VERMONT)			
	IL (ILLINOIS)					WA (WASHINGTON)			
	IN (INDIANA)					WI (WISCONSIN)			
	KS (KANSAS)					WV (WEST VIRGINIA)			
	KY (KENTUCKY)					WY (WYOMING)			
	LA (LOUISIANA)					AB (ALBERTA)			
	MA (MASSACHUSETTS)					BC (BRIT. COLUMBIA)			
	MD (MARYLAND)					MB (MANITOBA)			
	ME (MAINE)					NB (NEW BRUNSWICK)			
	MI (MICHIGAN)					NL (NEW FOUNDLAND)			
	MN (MINNESOTA)					NS (NOVA SCOTIA)			
	MO (MISSOURI)					NT (NORTHWEST TERR.)			
	MS (MISSISSIPPI)					ON (ONTARIO)			
	MT (MONTANA)					PE (PRINCE ED. IS.)			
	MX (MEXICO)					PQ (QUEBEC)			
	NC (NORTH CAROLINA)					SK (SASKATCHEWAN)			
	ND (NORTH DAKOTA)					YT (YUKON TERR.)			
	NE (NEBRASKA)					TOTAL ACTUAL FLEET MILES			
	NH (NEW HAMPSHIRE)					TOTAL ACTUAL FLEET MILES PLUS 1ST YEAR EST			
	NJ (NEW JERSEY)					TOTAL ACTUAL FLEET MILES PLUS 1ST & 2ND YEAR EST			
	NM (NEW MEXICO)								
	NV NEVADA)								

ARE YOUR VEHICLES INVOLVED IN A LEASE AGREEMENT?

YES NO

IF YES, INDICATE NAME AND ADDRESS OF LESSEE:

Any personal motor vehicle record information is withheld from purchase or release for public use or bulk mailing except as provided by law.

BY SIGNING BELOW, I ACKNOWLEDGE THE FOLLOWING:

1. I HEREBY DECLARE IF THE JURISDICTION BOXES ARE NOT COMPLETE THAT I HAVE NO ACTUAL MILEAGE TO REPORT AND AGREE TO THE ESTIMATED MILEAGE USED BY MOTOR CARRIER SERVICES TO FIGURE MY REGISTRATION FEES.

2. I HEREBY DECLARE THAT I HAVE KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR PARTS 40 and 382, 386 AND 388 THROUGH 399) INCLUDING HIGHWAY RELATED PORTIONS OF THE FEDERAL HAZARDOUS MATERIALS REGULATIONS (49 CFR 107,171-173,177 AND 178) OR COMPATIBLE STATE RULES, REGULATIONS, STANDARDS, AND ORDERS APPLICABLE TO MOTOR CARRIER SAFETY, INCLUDING HIGHWAY TRANSPORTATION AND HAZARDOUS MATERIALS.

3. THE UNDERSIGNED, UNDER OATH, SWEARS UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF MISSOURI IN REGARD TO MAKING A FALSE DECLARATION TO A PUBLIC OFFICIAL, THAT MY FUTURE VEHICLE REGISTRATION FORM(S), FOR THE ABOVE REFERENCED YEAR, WILL BE TRUE AND CORRECT AND THAT VEHICLE FINANCIAL RESPONSIBILITY REQUIRED BY STATE LAW WILL BE IN EFFECT AND MAINTAINED ON VEHICLES LISTED ON THESE APPLICATIONS.

4. THE SIGNATURE BELOW SHALL BE CONSIDERED A SIGNATURE TO UNSIGNED VEHICLE REGISTRATION FORM(S) AND BECOMES PART OF YOUR INTERNATIONAL REGISTRATION PLAN (IRP) ACCOUNT. I UNDERSTAND THAT I AM REQUIRED TO PERSERVE THE INDIVIDUAL VEHICLE DISTANCE RECORDS AND SOURCE DOCUMENTS ON WHICH MY INTERNATIONAL REGISTRATION PLAN IS BASED FOR THREE YEARS.

AUTHORIZED SIGNATURE

X _____

DATE

MISSOURI ESTIMATED MILEAGE CHART FOR JURISDICTIONS

JURISDICTION	ESTIMATED MILEAGE	JURISDICTION	ESTIMATED MILEAGE	JURISDICTION	ESTIMATED MILEAGE
ALASKA (AK)	N/A	MICHIGAN (MI)	853	TENNESSEE (TN)	3,061
ALABAMA (AL)	1331	MINNESOTA (MN)	408	TEXAS (TX)	8,483
ARKANSAS (AR)	3490	MISSOURI(MO)	19,121	UTAH (UT)	742
ARIZONA (AZ)	2,837	MISSISSIPPI(MS)	1,270	VIRGINIA (VA)	1,564
CALIFORNIA (CA)	3323	MONTANA (MT)	387	VERMONT (VT)	55
COLORADO (CO)	966	MEXICO (MX)	N/A	WASHINGTON (WA)	518
CONNECTICUT (CT)	350	NORTH CAROLINA (NC)	1,201	WISCONSIN (WI)	569
DIST. COLUMBIA (DC)	2	NORTH DAKOTA (NO)	133	WEST VIRGINIA (WV)	551
DELAWARE (DE)	66	NEBRASKA (NE)	1458	WYOMING (WY)	1,260
FLORIDA (FL)	1651	NEW HAMPSHIRE (NH)	51	ALBERTA (AB)	40
GEORGIA (GA)	2237	NEW JERSEY (NJ)	604	BRITISH COLUMBIA (BC)	22
IOWA(IA)	1,957	NEW MEXICO (NM)	2,978	MANITOBA (MB)	18
IDAHO (ID)	596	NEVADA (NV)	618	NEW BRUNSWICK (NB)	5
ILLINOIS (IL)	6,511	NEW YORK (NY)	1,160	NEW FOUNDLAND (NL)	1
INDIANA (IN)	3,576	OHIO (OH)	3,748	NOVA SCOTIA (NS)	4
KANSAS(KS)	3,479	OKLAHOMA (OK)	4,213	NORTHWEST TERR. (NT)	N/A
KENTUCKY (KY)	2,119	OREGON(OR)	660	ONTARIO (ON)	252
LOUISIANA (LA)	1,018	PENNSYLVANIA (PA)	2,957	PRINCE ED. IS.(PE)	1
MASSACHUSETTS(MA)	330	RHODE ISLAND (RI)	34	QUEBEC (QC)	51
MARYLAND (MD)	585	SOUTH CAROLINA (SC)	750	SASKATCHEWAN (SK)	43
MAINE (ME)	65	SOUTH DAKOTA (SD)	255	YUKON TERR. (YT)	N/A

Mileage – If not using the scope of operation to determine estimated mileage you must use the estimated mileage chart for new operations, jurisdictions without actual miles or adding jurisdictions