



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

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 PHONE 1.866.831.6277  
 FAX OSOW 573.751.7408  
 IRP 573.751.0916  
 OPA/HWWT 573.522.6708

### 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	FEIN/SSN (SSN Sole Proprietor Only)
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LEGAL NAME

DOING BUSINESS AS (DBA) NAME

#### PRINCIPAL PLACE OF BUSINESS ADDRESS (Not a PO Box)

STREET	CITY	COUNTY	STATE	ZIP CODE
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#### MAILING ADDRESS (if different than Principal Address, May be a PO Box)

STREET	CITY	COUNTY	STATE	ZIP CODE
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#### MO TERMINAL ADDRESS (IRP/IFTA) where you have a business, not a PO Box

<input type="checkbox"/> Same as Principal Address shown above.			
STREET	CITY	STATE	ZIP CODE

#### OSOW TERMINAL (Oversize Overweight)

<input type="checkbox"/> Same as Principal Address shown above.			
STREET	CITY	STATE	ZIP CODE

PERSON TO CONTACT	CONTACT PHONE NO.	FAX NO.	E-MAIL ADDRESS
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THIS IS THE SAME CONTACT PERSON FOR ALL PROGRAMS

#### SECTION 2. CUSTOMER TYPE (Select all that apply)

<input type="checkbox"/> IRP/IFTA	<input type="checkbox"/> OSOW	<input type="checkbox"/> Intrastate Operating Authority	<input type="checkbox"/> 72 Hour Trip/Fuel Permit	<input type="checkbox"/> UCR
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#### SECTION 3. FORM OF BUSINESS

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

State of Organization/Incorporation \_\_\_\_\_ Date Organized \_\_\_\_\_ Charter Number \_\_\_\_\_

COMPANY OFFICERS OR PARTNERS:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

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	
Service to receive bills, plates, refunds, etc? <input type="checkbox"/> Yes <input type="checkbox"/> No		MCE User ID (if applicable)	

Agent Signature

**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:

**INTERNATIONAL FUEL TAX AGREEMENT:** I hereby declare 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.

**EQUIPMENT REGISTRATION & MILEAGE:** I hereby declare if the jurisdiction boxes are not complete under the Mileage Registration section that I have no actual mileage to report and agree to the Average Per Vehicle Distance (APVD) mileage chart used by Motor Carrier Services to figure my registration fees. 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 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. I understand that I am required to preserve the individual vehicle distance records and source documents on which my International Registration Plan filing are based for three years.

**SAFETY:** I hereby declare that I have knowledge of the Federal Motor Carrier Safety Regulations (49 CFR parts 40, 382, 386 and 388-399) 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. The applicant by signature on and/or delivery of this application to Motor Carrier Services consents on behalf of itself; it 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) in my INTERNATIONAL REGISTRATION PLAN 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.

Under penalty of perjury under the laws of the state of Missouri and the United States of America, the information in this application or attached hereto is true, correct and complete to the best of my knowledge, I am authorized to sign this application 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.

**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 Company, 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, although it is not required.**

Applicant Name Printed	Applicant Signature	Title	Date
If Attorney signed on behalf of Applicant above, print address			MO Bar No.

## CUSTOMER INFORMATION FORM INSTRUCTIONS

### SECTION 1. GENERAL INFORMATION

**USDOT Number** – Enter the company’s USDOT Number, if applicable. If the company has not been assigned a USDOT number, leave this field blank.

**FEIN/SSN** – Enter the Federal Employee Identification Number issued by the Internal Revenue Service. A sole proprietor who does not have an FEIN should enter a Social Security Number.

**Legal Name** – Enter the company’s legal name. This name must be the same as what is registered with the FMCSA. Do not enter a DBA name.

→ Single Owner: enter the true first and last name as shown on birth records.

→ Partnership: list the legal name of each partner.

→ Corporation or LLC: enter the unique name that is on file with the company’s state of incorporation.

**Doing Business As (DBA) Name** – If the company uses a fictitious (DBA) name, and is a Missouri-based carrier, that name must be registered with the Missouri Secretary of State. Contact the Secretary of State’s office at 1.866.223.6535 if with 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 the mailing address, if different than the 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 the company has 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.

**Person to Contact** – Enter the name of the person who will be the contact for the account.

**Phone & Fax Numbers** – Enter the business telephone and fax numbers of the contact person.

**E-mail Address** – Enter the e-mail address of the contact person for account correspondence.

**Same Contact for all Programs** – Check this box if the contact information entered is the same for all programs.

### SECTION 2. CUSTOMER TYPE

Check the box for the type of account being requested. *Check all that apply.*

### SECTION 3. FORM OF BUSINESS

**Business Type** – Check the box that identifies the 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.*

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

**Required for Permit Services 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.