

# OREGON APPLICATION FOR IRP AND/OR IFTA INTERNATIONAL REGISTRATION PLAN - SCHEDULE A INTERNATIONAL FUEL TAX AGREEMENT - LICENSE APPLICATION

PHONE: IRP (503) 378-6643  
 IFTA (503) 373-1634

FAX: IRP (503) 378-5765  
 IFTA (503) 378-8815

NOTE: NAME OR OWNERSHIP CHANGES REQUIRE FORM 735-9075

MCTD ACCOUNT NUMBER	EFFECTIVE DATE	FEDERAL EMPLOYER IDENTIFICATION NUMBER	OREGON FARM NUMBER	PREVIOUS MCTD ACCOUNT NUMBER	
NAME OF OWNER, PARTNERS, CORPORATION, OR LLC		BUSINESS PHONE	CONTACT NAME	CONTACT PHONE	
DBA - MUST BE ON FILE WITH OREGON CORPORATION DIVISION		FAX NUMBER	Does street address meet <b>Established Place of Business Requirements?</b> Location must be open and staffed by persons employed by the Applicant (not agent) during regular business hours.  <input type="checkbox"/> YES <input type="checkbox"/> NO  If NO: Proof of Residency - Schedule R (FORM 735-9914) must be completed and approved.		
CARRIER STREET ADDRESS	CITY	STATE			ZIP
RECORDS LOCATION ADDRESS	CITY	STATE			ZIP

**IRP ACCOUNT**     NEW FLEET     RENEW

**IFTA ACCOUNT**     NEW     RENEW/REACTIVATE

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) <input type="checkbox"/> CHECK IF AGENT ADDRESS		FLEET NUMBER
CITY	STATE	ZIP
VEHICLES PREVIOUSLY REGISTERED IN ANOTHER JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHERE? JURISDICTION: _____    IRP ACCOUNT #: _____		
TYPE OF OPERATION		
<input type="checkbox"/> PRIVATE <input type="checkbox"/> FOR HIRE <input type="checkbox"/> ICC EXEMPT <input type="checkbox"/> HOUSEHOLD GOODS		
IF EXEMPT FROM OREGON WEIGHT/MILE TAX, CHECK REASON.		
<input type="checkbox"/> UNDER 26,000 POUNDS <input type="checkbox"/> CHARITABLE <input type="checkbox"/> FARM <input type="checkbox"/> OTHER _____		
PROVIDE NAME OF DRUG AND ALCOHOL TESTING CONSORTIUM IN WHICH YOUR COMPANY IS ENROLLED OR WRITE "IN-HOUSE" IF YOU MAINTAIN YOUR OWN PROGRAM. TESTING PROGRAMS MUST BE IN COMPLIANCE WITH USDOT REQUIREMENTS (49 CFR PART 382).		
<b>CONSORTIUM NAME</b> _____		

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) <input type="checkbox"/> CHECK IF AGENT ADDRESS		
CITY	STATE    ZIP	
PREVIOUS IFTA LICENSE IN ANOTHER JURISDICTION? <input type="checkbox"/> YES <input type="checkbox"/> NO		
IF YES, WHERE? JURISDICTION: _____    IFTA ACCOUNT #: _____		
CURRENT STANDING OF IFTA LICENSE IN PRIOR JURISDICTION		
<input type="checkbox"/> REVOKED <input type="checkbox"/> SUSPENDED <input type="checkbox"/> CANCELLED		
LIST JURISDICTIONS WHERE YOU MAINTAIN BULK STORAGE OF FUEL _____		
IF NONE, CHECK NONE. <input type="checkbox"/> NONE		
_____ # OF IFTA DECAL PAIRS	<table border="1" style="width: 100px; height: 40px;"> <tr> <td style="text-align: center; font-size: small;">ODOT USE ONLY APPROVED BY</td> </tr> </table>	ODOT USE ONLY APPROVED BY
ODOT USE ONLY APPROVED BY		
_____ LICENSE FEE (SEE FEE CHART ON REVERSE).		
NOTE: DO NOT SEND MONEY WITH APPLICATION IF ALSO APPLYING FOR IRP.		

**IF APPLYING FOR AN IFTA LICENSE,** I AGREE TO COMPLY WITH THE REPORTING, PAYMENT, RECORD KEEPING, AND LICENSE DISPLAY REQUIREMENTS AS SPECIFIED IN THE INTERNATIONAL FUEL TAX AGREEMENT. I FURTHER AGREE THAT OREGON MAY WITHHOLD ANY REFUNDS DUE IF I AM DELINQUENT ON PAYMENT OF FUEL TAXES DUE ANY MEMBER JURISDICTION. FAILURE TO COMPLY WITH THE PROVISIONS SHALL BE GROUNDS FOR REVOCATION OF MY LICENSE IN ALL MEMBER JURISDICTIONS.

I AM KNOWLEDGEABLE OF THE APPLICABLE FEDERAL MOTOR CARRIER SAFETY REGULATIONS AND HAZARDOUS MATERIALS REGULATIONS OR COMPATIBLE STATE REGULATIONS. I UNDERSTAND THAT ORS 803.375 MAKES IT A CRIME TO KNOWINGLY PROVIDE FALSE INFORMATION RELATED TO A VEHICLE REGISTRATION. ORS 803.385 MAKES IT A CRIME TO AFFIRM OR CERTIFY ANY INFORMATION RELATED TO A VEHICLE REGISTRATION THAT THE PERSON KNOWS TO BE FALSE. EACH OFFENSE IS A CLASS A MISDEMEANOR PUNISHABLE BY A JAIL SENTENCE OF UP TO ONE YEAR, A FINE UP TO \$6,250, OR BOTH. THIS CERTIFICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

**SIGNATURE REQUIREMENTS:** OWNER; A PARTNER; CORPORATE OFFICER; MANAGER/MEMBER OF LIMITED LIABILITY COMPANY (LLC), GENERAL PARTNER IN A LIMITED PARTNERSHIP; PARTNER IN A LIMITED LIABILITY PARTNERSHIP; OR AGENT (ATTACH POWER OF ATTORNEY). **FAXED SIGNATURES ARE ACCEPTABLE.**

PRINT NAME	SIGNATURE	TITLE	DATE
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## INSTRUCTIONS FOR COMPLETING OREGON APPLICATION FOR IRP AND/OR IFTA

Complete the following fields:

- MCTD ACCOUNT NUMBER – for new account leave blank, all others enter your Oregon MCTD account number.
- EFFECTIVE DATE: The date this account/registration will become active. When applying for IFTA and/or vehicles subject to Oregon's Weight Mile Tax, this will be the tax liability date and the company will owe tax returns from this date forward.
- FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN) – enter the FEIN or if applying as an individual owner with no FEIN, enter your social security number.
- OREGON FARM NUMBER – enter if applicable.
- PREVIOUS MCTD ACCOUNT NUMBER – enter any previous Oregon account numbers assigned.
- NAME OF OWNER, PARTNERS, CORPORATION, OR LLC – enter legal name. If a partnership, all partners must be listed.
- CONTACT NAME AND PHONE – enter the name and phone number of the person to contact regarding this application and IRP and/or IFTA transactions on this account. This person must be a company employee or agent, if agent, a current Power of Attorney must be on file with ODOT-MCTD.
- DBA – if operating under a different name, enter assumed business name, must already be on file with ODOT-MCTD.
- Does Street Address meet **Established Place of Business Requirements?** Established Place of Business defined as “a physical structure owned or leased by the Registrant, located in the base jurisdiction, which is open and staffed by persons employed by Registrant (not agent) during business hours.” Check box that applies. IF NO: Proof of Residency – Schedule R (FORM 735-9914) must be completed and approved.
- CARRIER STREET ADDRESS – Enter business location address (mailing address is entered below)
- RECORDS LOCATION ADDRESS – Enter address, if different than STREET ADDRESS.

**IRP ACCOUNT: Check box for NEW FLEET or RENEW if application is for IRP.**

- MAILING ADDRESS (IF DIFFERENT FROM ABOVE) – enter mailing address if different from street address.
- FLEET NUMBER – enter fleet number if Renewal Application, otherwise ODOT-MCTD will assign fleet number.
- VEHICLES PREVIOUSLY REGISTERED IN ANOTHER JURISDICTION? Check box, if YES, provide jurisdiction name and IRP account number.
- TYPE OF OPERATION – check boxes for all types of operation that apply to this fleet. If all vehicles on the account will be exempt from Oregon's weight-mile tax, check box to indicate reason for exemption.
- DRUG CONSORTIUM NAME – enter name of consortium, “In-House” if maintaining your own program, or “Exempt” if you have no vehicles that require a CDL to operate.

**IFTA ACCOUNT: Check box for NEW or RENEW/REACTIVATE if application is for IFTA.**

- MAILING ADDRESS – enter mailing address if different from street address.
- PREVIOUS IFTA LICENSE IN ANOTHER JURISDICTION? If yes, provide jurisdiction name and account number.
- CURRENT STANDING OF IFTA LICENSE IN PRIOR JURISDICTION: If previous IFTA, select status.
- LIST JURISDICTION WHERE YOU MAINTAIN BULK STORAGE OF FUEL: IF NONE, CHECK NONE.
- # OF IFTA DECAL PAIRS: Enter number of IFTA qualified vehicles for which you need decals.
- LICENSE FEE: Enter license fee from chart below.

NUMBER OF VEHICLES	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16 - 20	21 & over
<b>REGULAR FEE</b>	\$280	\$295	\$310	\$325	\$340	\$355	\$370	\$385	\$400	\$415	\$430	\$445	\$460	\$475	\$490	\$525	\$575
<b>FARM FEE</b>	\$50 Flat Fee Note - More than 50% of your IFTA qualified vehicles must be Farm plated																

**IRP and IFTA**

- Print name, sign, and date application. Return application and any applicable fees to ODOT-MCTD, PO Box 5330, Salem, OR 97304-0330.