



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

IRP SCHEDULE A - APPORTIONED REGISTRATION APPLICATION

OREGON IFTA APPLICATION

EFFECTIVE DATE: \_\_\_\_\_

TYPE OF APPLICATION				
NEW/REACTIVATE ACCOUNT	NEW FLEET	NAME CHANGE	ADDRESS CHANGE	OWNERSHIP CHANGE
MCTD ACCOUNT NUMBER	FEDERAL EMPLOYER IDENTIFICATION NUMBER	FARM ID NUMBER	PREVIOUS MCTD ACCOUNT NUMBER	
NAME OF OWNER, PARTNERS, CORPORATION, OR LLC			BUSINESS PHONE (     )	
DBA -MUST BE ON FILE WITH OREGON			FAX NO (     )	
CARRIER STREET ADDRESS	CITY	STATE	ZIP	
Does street address meet Established Place of Business requirements (see instructions) ?		YES	NO	
RECORDS LOCATION ADDRESS (IF DIFFERENT FROM CARRIER STREET ADDRESS)	CITY	STATE	ZIP	
CONTACT PERSON	CONTACT PHONE	E-MAIL ADDRESS		

### NEW IRP FLEET

### NEW IFTA ACCOUNT

MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			AGENT ADDRESS			MAILING ADDRESS (IF DIFFERENT FROM ABOVE)			AGENT ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP	CITY	STATE	ZIP	CITY	STATE	ZIP
VEHICLES PREVIOUSLY REGISTERED?			YES     NO			PREVIOUS IFTA LICENSE IN ANOTHER JURISDICTION?			YES     NO		
IF YES, WHERE?			JURIS:     IRP ACCT#:			IF YES, WHERE?					
IF ALL VEHICLES ARE WEIGHT/MILE TAX EXEMPT, CHECK APPROPRIATE BOX:						IF YES, CURRENT STANDING OF IFTA LICENSE IN PRIOR JURISDICTION?					
UNDER 26,000		CHARITABLE		PRIVATE USE		REVOKED		SUSPENDED		CANCELLED	
FARM (PROVIDE FARM ID# ABOVE)						LIST JURISDICTIONS WHERE YOU MAINTAIN BULK STORAGE OF FUEL. IF NONE, CHECK NONE.					
						NONE					
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).  _____ CONSORTIUM NAME						Note: do not send money with application if also applying for IRP.  _____ # OF IFTA DECAL PAIRS  _____ LICENSE FEE (SEE FEE CHART ON REVERSE).					

**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.**

THIS CERTIFICATION IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. 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 AND EACH IS PUNISHABLE BY A JAIL SENTENCE OF UP TO ONE YEAR, A FINE OF UP TO \$5,000, OR BOTH.

**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

## INSTRUCTIONS

Check the boxes to indicate whether this application is for IRP, IFTA, or both.

Complete the following fields:

- Effective Date – The date this account will become active. If applying for IFTA, this will be the tax liability date for which you will be required to start filing IFTA tax returns until cancelled.
- Type of Application – Check appropriate box indicating reason for application.
- Account number – for new accounts leave blank, all others enter your Oregon file number.
- Federal Employer Identification Number (FEIN) – enter the FEIN or if applying as an individual owner with no FEIN, enter your social security number.
- Farm Identification Number – enter if applicable.
- Previous Account Number – enter any previous Oregon file numbers assigned.
- Name of Individual Owner, Partners, Corporation, or LLC – enter legal name. If a partnership, all partners must be listed.
- DBA – if operating under a different name, enter assumed business name (must be on file with Oregon Secretary of State Corporation Division).
- Carrier Street Address - Must be an 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 agents) during business hours.” If location is not an Established Place of Business, complete Proof of Residency - Schedule "R"

### IRP

- Mailing Address – enter mailing address if different from location address.
- Indicate if previously registered in another jurisdiction and provide jurisdiction name and IRP account number.
- If all vehicles on the account will be exempt from Oregon’s weight/mile tax, indicate reason so qualified.
- 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

- Mailing Address – enter mailing address if different from location address.
- Indicate if an IFTA license has ever been obtained from another jurisdiction and provide name of jurisdiction.
- Bulk Fuel Storage – list jurisdiction(s) where you maintain bulk fuel storage or check box for none.
- Enter number of IFTA qualified vehicles for which you need decals.
- 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 - <b>More</b> than 50% of your IFTA qualified vehicles must be Farm plated																

### IRP and IFTA

- Sign and date application. Return application and any applicable fees (do not send fees if applying for IRP and IFTA combined) to Motor Carrier, PO Box 5330, Salem, OR 97304-0330.