



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

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

NOTE: NAME OR OWNERSHIP CHANGES REQUIRE [FORM 735-9075](#)

CCD ACCOUNT NUMBER	PREVIOUS CCD ACCOUNT NO.	USDOT NUMBER	TIN / FEIN / SSN	NAME OF OWNER, PARTNERS, CORPORATION, OR LLC	
BUSINESS PHONE	BUSINESS FAX	CONTACT NAME	CONTACT PHONE	DBA - MUST BE ON FILE WITH OREGON CORPORATION DIVISION	
<b>CARRIER STREET ADDRESS</b>			<b>MAILING ADDRESS</b>		
CARRIER STREET ADDRESS			MAILING ADDRESS		
CITY	STATE	ZIP	CITY	STATE	ZIP

**IRP FLEET NUMBER** \_\_\_\_\_  NEW FLEET (Complete IRP Requirements, [Form 735-9972](#))

**IFTA ACCOUNT**  NEW  RENEW/REACTIVATE

VEHICLES PREVIOUSLY REGISTERED IN ANOTHER JURISDICTION?  YES  NO  
 IF YES, WHERE?  
 JURISDICTION: \_\_\_\_\_ IRP ACCOUNT#: \_\_\_\_\_

TYPE OF OPERATION  
 PRIVATE  FOR HIRE  ICC EXEMPT  HOUSE HOLD GOODS  RENTAL  
 HAS WYOMING INTRASTATE AUTHORITY?  YES  NO

IF EXEMPT FROM OREGON WEIGHT-MILE TAX, CHECK REASON  
 UNDER 26,000 POUNDS  CHARITABLE  FARM

ODOT USE ONLY
APPROVED BY _____

Provide name of drug and alcohol testing consortium in which your company is enrolled or write "inhouse" if you maintain your own program. Testing programs must be in compliance with USDOT requirements (49 CFR part 382).

CONSORTIUM NAME \_\_\_\_\_

PREVIOUS IFTA LICENSE IN ANOTHER JURISDICTION?  YES  NO  
 IF YES, WHERE?  
 JURISDICTION: \_\_\_\_\_ IFTA ACCOUNT#: \_\_\_\_\_

CURRENT STANDING OF IFTA LICENSE IN PRIOR JURISDICTION  
 REVOKED  SUSPENDED  CANCELLATION REQUESTED

LIST JURISDICTIONS WHERE YOU MAINTAIN BULK STORAGE OF FUEL \_\_\_\_\_  
 CHECK IF NONE

\_\_\_\_\_ # OF IFTA DECAL PAIRS

\_\_\_\_\_ LICENSE FEE (SEE FEE CHART ON REVERSE).

ODOT USE ONLY
APPROVED BY _____

If applying for IFTA only, send license fee with application.

MOTOR CARRIER RESPONSIBLE FOR SAFETY	
ARE YOU THE MOTOR CARRIER RESPONSIBLE FOR SAFETY? <input type="checkbox"/> YES <input type="checkbox"/> NO	When the USDOT number of the Applicant is different than the Motor Carrier Responsible for Safety, the USDOT and tax ID numbers of Motor Carrier must be included on the Schedule C.
IS THE MOTOR CARRIER RESPONSIBLE FOR SAFETY EXPECTED TO CHANGE THIS YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO	

**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.

Under Oregon law, it is a crime to knowingly provide false information or certify any information that a person knows to be false related to a vehicle registration (ORS 803.375 and 803.385). Each offense is a Class A misdemeanor and punishable by a jail sentence of up to one year, a fine of up to \$6,250, or both. This certification is true and correct to the best of my knowledge. I am knowledgeable of the applicable federal motor carrier safety regulations, hazardous materials regulations, compatible state regulations, standards and orders. I declare all operations will be conducted in compliance with such requirements.

**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.**

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

Complete the following fields:

- **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.
- **CCD ACCOUNT NUMBER** –for new account leave blank, all others enter your Oregon CCD account number.
- **PREVIOUS CCD ACCOUNT NUMBER** –enter any previous Oregon account numbers assigned.
- **USDOT NUMBER** –enter USDOT if applicant is the Motor Carrier Responsible for Safety.
- **TIN / FEIN / SSN** –enter your tax identification number (TIN), federal employer identification number (FEIN) or if applying as an individual owner with no TIN/FEIN, enter your social security number (SSN).
- **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-CCD.
- **DBA** –if operating under a different name, enter assumed business name, must already be on file with ODOT-CCD.
- **CARRIER STREET ADDRESS** –Enter business location address (mailing address is entered below)
- **MAILING ADDRESS** –Enter address if different than STREET ADDRESS.

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

- **FLEET NUMBER** –enter fleet number if Renewal Application, otherwise ODOT-CCD 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.

**Motor Carrier Responsible For Safety**

- Check appropriate box if the registrant is the motor carrier responsible for safety.
- Check appropriate box if the motor carrier responsible for safety is expected to change during the year.

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

- **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
REGULAR FEE	\$280	\$295	\$310	\$325	\$340	\$355	\$370	\$385	\$400	\$415	\$430	\$445	\$460	\$475	\$490	\$525	\$575
FARM FEE	\$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-CCD, 455 Airport Road SE, Building A, Salem, Oregon 97301.