



OREGON DEPARTMENT OF TRANSPORTATION
 COMMERCE AND COMPLIANCE DIVISION
 455 AIRPORT ROAD SE BUILDING A
 SALEM OR 97301
 PH (503) 378-6699
 FAX (503) 378-6880

SEE INSTRUCTIONS ON REVERSE
 PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK

APPLICATION FOR MOTOR CARRIER ACCOUNT

TYPE OF APPLICATION

NEW CARRIER NAME CHANGE ADDRESS/PHONE/EMAIL CHANGE ACCOUNT AMENDMENT OWNERSHIP CHANGE _____
LIST PREVIOUS ACCOUNT NUMBERS

WEIGHT- MILE TAX REPORTING TYPE

QUARTERLY, IF YOU ELECT TO REPORT AND PAY WEIGHT-MILE TAX ON A QUARTERLY BASIS.
 MONTHLY, IF YOU ELECT TO REPORT AND PAY WEIGHT-MILE TAX ON A MONTHLY BASIS.

MOTOR CARRIER LEGAL NAME AND ADDRESS OF RECORD

CCD ACCOUNT NUMBER	NAME OF CARRIER		
TELEPHONE NUMBER	FAX NUMBER	DOING BUSINESS AS (DBA)	
CARRIER MAILING ADDRESS		CITY	STATE ZIP CODE
CARRIER STREET ADDRESS (IF DIFFERENT THAN ABOVE)		CITY	STATE ZIP CODE
RECORDS LOCATION ADDRESS		CITY	STATE ZIP CODE
EMAIL ADDRESS FOR TRUCKING ONLINE	TRUCKING ONLINE CONTACT PERSON		TRUCKING ONLINE CONTACT PHONE

YOU WILL BE SENT A PIN FOR TRUCKING ON LINE ACCESS AT THE EMAIL ABOVE. I UNDERSTAND MY PIN CAN BE USED TO CONDUCT TRANSACTIONS WITH AND TO OBTAIN CREDENTIALS FROM ODOT OVER THE INTERNET. I WILL TAKE STEPS TO PROTECT MY PIN FROM BEING ACCESSED BY UNAUTHORIZED USERS. I FURTHER UNDERSTAND THAT IF I GIVE MY PIN TO ANYONE ELSE, OR IF I AUTHORIZE A POWER OF ATTORNEY TO OBTAIN MY PIN ON MY BEHALF, I AM PERSONALLY LIABLE FOR ANY TRANSACTIONS MADE OR CREDENTIALS OBTAINED BY ANYONE ELSE WHO MAY HAVE RECEIVED MY PIN FOR THE THIRD PARTY TO WHOM I ORIGINALLY DISCLOSED IT. ONLY ONE EMAIL ADDRESS PER ACCOUNT. ONLY ONE PIN IS ALLOWED PER ACCOUNT.

CONSORTIUM NAME _____ ACCOUNTS WITH OREGON-BASED VEHICLES: 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).

TYPE OF OWNERSHIP AND FEDERAL TAXPAYER ID# (FEIN)

INDIVIDUAL PARTNERSHIP CORPORATION: DATE OF INCORPORATION: _____ STATE OF INCORPORATION: _____
 IF FOREIGN BASED, ATTACH CORPORATE CERTIFICATE SHOWING DATE OF INCORPORATION AND CORPORATE STATUS.
 LIMITED LIABILITY COMPANY - ATTACH A COPY OF THE ARTICLES OF ORGANIZATION OTHER - PROVIDE TYPE OF OWNERSHIP: _____

FEDERAL TAXPAYER ID#	BANKING INSTITUTION	STATE
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TYPE OF OPERATION OR AUTHORITY - CHECK ALL THAT APPLY

<input type="checkbox"/> PRIVATE CARRIER (NOT FOR HIRE) OREGON BASED	INTERSTATE CARRIER (FOR HIRE)
<input type="checkbox"/> PRIVATE CARRIER (NOT FOR HIRE) BASED OUTSIDE OREGON	<input type="checkbox"/> USDOT NUMBER _____
<input type="checkbox"/> CLASS B FOR-HIRE LOCAL CARTAGE OF HOUSEHOLD GOODS WITHIN DESIGNATED AREAS, PURSUANT TO ORS 825.240. A \$50 APPLICATION FEE IS REQUIRED.	<input type="checkbox"/> MC AUTHORITY NUMBER _____
<input type="checkbox"/> 7W (SEE DESCRIPTION ON REVERSE) _____ <small>DESCRIPTION</small>	<input type="checkbox"/> MC EXEMPT OPERATIONS _____
<input type="checkbox"/> CLASS 1A PERMIT FOR-HIRE INTRASTATE COMMODITIES (EXCEPT HOUSEHOLD GOODS) (COMPLETE ODOT FORM 735-9745)	OREGON PROCESS AGENT _____ ADDRESS _____

PROVIDE FULL LEGAL NAME, TITLE, DATE OF BIRTH, AND SOCIAL SECURITY NUMBER OF INDIVIDUAL, ALL PARTNERS, CORPORATE OFFICERS, MANAGERS/MEMBERS OF LLC, GENERAL PARTNER OF A LIMITED PARTNERSHIP, PARTNERS IN A LIMITED LIABILITY PARTNERSHIP. IF MORE THAN 3 PARTNERS, ATTACH SIGNATURE ADDENDUM FORM, 735-9075a.

LAST	FIRST	MIDDLE	TITLE	SOCIAL SECURITY NUMBER	DATE OF BIRTH

DISCLOSURE: THE DEPARTMENT IS AUTHORIZED TO VERIFY ANY OF THE INFORMATION GIVEN AND OBTAIN CREDIT REPORTS ON YOU AND/OR YOUR COMPANY. YOU AUTHORIZE THE DEPARTMENT TO OBTAIN INFORMATION FROM OTHERS TO INVESTIGATE YOU AND/OR YOUR COMPANY'S CREDIT.

CERTIFICATION: 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 \$6,250, OR BOTH.

I FURTHER CERTIFY KNOWLEDGE OF APPLICABLE FEDERAL AND STATE SAFETY RULES, REGULATIONS, STANDARDS AND ORDERS AND DECLARE ALL OPERATIONS WILL BE CONDUCTED IN COMPLIANCE WITH SUCH REQUIREMENTS.

SIGNATURE REQUIREMENTS: MUST BE SIGNED BY OWNER; ALL PARTNERS; CORPORATION OFFICER; MANAGER/MEMBER OF LIMITED LIABILITY COMPANY (LLC), PARTNER IN A LIMITED LIABILITY PARTNERSHIP OR AGENT. FAXED AND ELECTRONIC SIGNATURES ACCEPTABLE.

SIGNATURE	PRINTED NAME	DATE
SIGNATURE	PRINTED NAME	DATE

DO NOT WRITE BELOW THIS LINE. ODOT USE ONLY

ENTERED BY/OFFICE	DATE

INSTRUCTIONS

This form is to be completed and filed when:

1. Applying for an established account to operate as a motor carrier in Oregon
2. Changing the informational record on file with ODOT.

TYPE OF APPLICATION

Indicate whether new account or change in existing account.

- A new carrier is a carrier that has had no previous established account in Oregon.
- A name change is when there is an existing account and only the name has changed. The FEIN remains the same.
- An ownership change is a change in entities and/or ownership structure of a company for which there is an existing account. The FEIN has changed.

WEIGHT-MILE TAX REPORTING TYPE

Pursuant to OAR 740-055-015, a motor carrier approved to report and pay weight-mile tax on a quarterly basis may begin such reporting and payment in the first full calendar quarterly reporting period immediately following the month approval is granted by the Department.

1. Select QUARTERLY, to elect to file reports and pay weight-mile tax on a quarterly basis. ODOT requires you to file reports and pay as long as you have Oregon DOT plates and/or vehicle(s) enrolled in the Oregon Weight-Mile Tax Program. If no tax is due, you must still file a report
2. Select MONTHLY, to elect to file reports and pay weight-mile tax on a monthly basis. ODOT requires you to file reports and pay as long as you have Oregon DOT plates and/or vehicle(s) enrolled in the Oregon Weight-Mile Tax Program. If no tax is due, you must still file a report.

NEW AUTHORITY/TYPE OF OPERATION

1. Your name must match exactly the name filed with your state if a corporation or assumed business name.
2. Enter your complete mailing address and telephone number. Your street address must also be entered if it is different than your mailing address, or if you receive your mail through a post office box. This will ensure UPS delivery. If your address of record with ODOT is an agent's address, the power of attorney must specifically authorize the use of the agent's address.
3. Indicate your type of ownership. Oregon corporations, Oregon limited liability companies, limited liability partnerships, and businesses with Oregon mailing addresses using assumed business names must be registered with the Oregon Secretary of State, Corporation Division.
4. A Class B Permit authorizes a carrier to transport household goods for hire within designated local cartage areas that are exempt from economic regulation (see list of cities in OAR 740-060-0100). Pursuant to ORS 825.240, the following conditions must apply: (a) the gross revenue derived from local cartage of household goods in the designated area by carriers cannot exceed \$100,000 a year; (b) the population of the affected city or cartage area is less than 10,000; (c) the incorporated city or cartage area is not an essential part of a metropolitan, industrial or homogeneous economic area; (d) the incorporated city or cartage area is not contiguous to another city or within the area encompassed by the commercial zone of another city; (e) service to the public would be adversely affected; (D the carrier's ability to render service would not be adversely affected; and (g) it is not otherwise adverse to the public interest to exclude such area from regulation.
5. Description of "7W" operations - Permit Authority under ORS 825.020 for operations over 26,000:

U.S. mail on a trip basis
Buses within cities and within three air miles of the city
Vehicles used in preventing or fighting forest fires
Tow trucks
Common or contract carriers transporting employees, relatives, indigents, etc.
Florist delivery vehicles
Private carriers transporting fish
Vehicles owned by truck leasing companies used for purposes of relocation

6. If you wish to haul commodities (except household goods) intrastate, please complete an Application for Class 1A Permit (ODOT Form 735-9745) and include a \$300 application fee.

7. List the full name, title, date of birth, and social security number of the individual owner, each partner, each corporate officer, partners in a limited liability partnership (LLP), or each manager/member of the limited liability company (LLC). If a corporation, attach a list of shareholders, officers or directors not already listed. Attach addendum if needed.
8. The application must be signed by the individual owner, all partners, a corporate officer, a partner in a LLP, a manager/member of the LLC, or Agent. Note to agent: Include your title when signing and attach a power of attorney form.
9. Per OAR 740-040-0070 you will be required to post a Surety Bond regardless of whether you operate on an ODOT plate, temporary pass, or enrolled in the Oregon Weight-Mile Tax Program.
10. When operating intrastate only, you will be required to file proof of liability insurance with ODOT. When operating interstate, review federal regulations regarding the Minimum Levels of Financial Responsibility for Motor Carriers.

For bond, insurance and record keeping requirements, refer to the information available on our website.

<https://www.oregon.gov/ODOT/MCT/Pages/index.aspx>

CHANGE OF INFORMATIONAL RECORD

1. So that you may be accurately identified, enter your account number, name, and current mailing address.
2. Complete the section or sections of the application form for which a record change is requested. In the Type of Application area, identify the change (i.e., name, ownership, address, permit, or telephone).
3. A corporate name change may require an updated corporate certificate reflecting the change.
4. An Oregon assumed business name change requires an update with the Oregon Secretary of State, Corporation Division.
5. If your operation has a change in ownership, a new application for motor carrier account must be completed and submitted to ODOT. Upon approval of the application, a new account number will be assigned.

NOTE:

The completion of this form does not constitute authority to operate in the state of Oregon. In addition, a Temporary Pass, OR DOT plate must be obtained, or enrolled in the Oregon Weight-Mile Tax Program.

After your account application has been approved and you have registered a motor vehicle with the Department (see Vehicle Registration/Amendment, ODOT Form 735-9076), weight-mile tax report forms will be mailed to you.

ADDITIONAL INFORMATION MAY BE OBTAINED BY CALLING (503) 378-6699.

FILE THIS ORIGINAL APPLICATION WITH THE SALEM OR PORTLAND BRIDGE REGISTRATION OFFICE OR MAIL:

OREGON DEPARTMENT OF TRANSPORTATION
COMMERCE AND COMPLIANCE DIVISION
455 AIRPORT ROAD SE BUILDING A
SALEM OR 97301
or
FAX TO (503) 378-6880

For downloadable forms, go to:

<https://www.oregon.gov/ODOT/MCT/Pages/FormsandTables.aspx>

To find out more about Oregon Trucking Online and the transactions you can process there, go to:

<https://www.oregontruckingonline.com/cf/MCAD/pubmetaentry/index.cfm>.

Watch for an email from the ODOT computer Security Unit notifying you of your PIN assignment for Trucking Online access. The PIN notification will be sent to the email address listed on your application. An activation notice will also be sent by U.S. mail to the official address of record for your account.

You can now pay Trucking Online transactions using "Direct Payment". Direct Payment is a secure electronic payment delivery system for Business and Individual bank accounts. The Direct Payment feature gives carriers another payment alternative to transacting business with a credit card or charging transactions to an CCD account.



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
CARRIER STREET ADDRESS			MAILING ADDRESS		
CARRIER STREET ADDRESS			MAILING ADDRESS		
CITY		STATE	ZIP	CITY	

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

IFTA ACCOUNT NEW RENEW/REACTIVATE

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"/> HOUSE HOLD GOODS <input type="checkbox"/> RENTAL	
HAS WYOMING INTRASTATE AUTHORITY? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF EXEMPT FROM OREGON WEIGHT-MILE TAX, CHECK REASON	
<input type="checkbox"/> UNDER 26,000 POUNDS <input type="checkbox"/> CHARITABLE <input type="checkbox"/> FARM	<small>ODOT USE ONLY</small> 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? <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"/> CANCELLATION REQUESTED	
LIST JURISDICTIONS WHERE YOU MAINTAIN BULK STORAGE OF FUEL _____	
<input type="checkbox"/> CHECK IF NONE	
_____ # OF IFTA DECAL PAIRS	
_____ LICENSE FEE (SEE FEE CHART ON REVERSE).	
If applying for IFTA only, send license fee with application.	
<small>ODOT USE ONLY</small> APPROVED BY _____	

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

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.

OREGON APPORTIONED REGISTRATION SCHEDULE B

REGISTRATION YEAR	NAME ON ACCOUNT	CCD ACCOUNT NUMBER	FLEET NUMBER	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">ODOT USE SUPP NUMBER</td> </tr> </table>	ODOT USE SUPP NUMBER	EFFECTIVE DATE
ODOT USE SUPP NUMBER						

Check one of the following:

- Miles listed below are actual miles (including Trip Permits) operated during the mileage reporting period of July 1st through June 30th of the previous registration year.
- There were no actual miles operated during the mileage reporting period of July 1st through June 30th of the previous registration year.

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

NOTE: Alaska, Mexico, NW Territories, and Yukon are not members of IRP and will not appear on the vehicle's registration.

TOTAL ACTUAL MILES

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. ORS803.385 makes it a class "A" misdemeanor to affirm or certify any information related to a vehicle registration that the person knows to be false. This certification is true and correct to the best of my knowledge.

ODOT USE ONLY
 APPROVED BY DATE INITIALS

SIGNATURE (FAXED SIGNATURES ARE ACCEPTABLE)	PRINT NAME	TITLE	DATE
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**OREGON APPORTIONED REGISTRATION
 SCHEDULE C**

TRUCK, TRACTOR AND BUS ADDITION / UPDATE FORM

REGISTRATION YEAR	NAME ON ACCOUNT	CCD ACCOUNT NUMBER	FLEET NUMBER	ODOT USE ONLY SUPP	MAILING ADDRESS	<input type="checkbox"/> ADDRESS CHANGE	<input type="checkbox"/> SPECIAL MAIL
EFFECTIVE DATE	CONTACT NAME	CONTACT PHONE		CITY	STATE	ZIP	

How would you like your billing sent? FAX (PROVIDE FAX #) _____ EMAIL (PROVIDE EMAIL ADDRESS) _____ US MAIL

OREGON REGISTRATION WEIGHT _____

QUEBEC NUMBER OF AXLES IN COMBINATION _____

ENTER WEIGHTS IN POUNDS FOR EACH JURISDICTION WHOSE REGISTRATION WEIGHT WILL BE GREATER THAN OREGON'S REGISTRATION WEIGHT

AB	AL	AR	AZ	BC	CA	CO	CT	DC	DE	FL	GA	IA	ID	IL
IN	KS	KY	LA	MA	MB	MD	ME	MI	MN	MO	MS	MT	NB	NC
ND	NE	NL	NH	NJ	NM	NS	NV	NY	OH	OK	ON	PA	PE	RI
SC	SD	SK	TN	TX	UT	VA	VT	WA	WI	WV	WY	ODOT USE ONLY WEIGHT GROUP NAME		

VEHICLE INFORMATION - ONLY LIST VEHICLES BELOW THAT WILL BE REGISTERED AT THE WEIGHTS /AXLES LISTED ABOVE

NOTE: TOW TRUCKS AND MANUFACTURED STRUCTURE TOTERS COMPLETE SCHEDULE C-T

ACTION CODE	EQUIPMENT (UNIT) NUMBER	TYPE	YR	MAKE OF VEHICLE	VEHICLE IDENTIFICATION NUMBER	FUEL	IF LEASED, OWNER'S NAME	EMPTY WEIGHT	AXLES	SEATS	DATE OF PURCHASE MM YY	PURCHASE PRICE	PLATE NUMBER	ODOT USE HVUT
MCRS USDOT If different from the registrant's _____ EIN _____ Will this change during the year? Y/N _____ AXLES>5? Y/N _____ Less than 10K? Y/N _____														
MCRS USDOT If different from the registrant's _____ EIN _____ Will this change during the year? Y/N _____ AXLES>5? Y/N _____ Less than 10K? Y/N _____														
MCRS USDOT If different from the registrant's _____ EIN _____ Will this change during the year? Y/N _____ AXLES>5? Y/N _____ Less than 10K? Y/N _____														

OREGON DECLARED TAX WEIGHT INFORMATION

EQUIPMENT (UNIT) NUMBER	ODOMETER	FEE BASIS	BODY TYPE	SOLO	NO. OF AXLES	COMBO NO. 1	NO. OF AXLES	COMBO NO. 2	NO. OF AXLES	COMBO NO. 3	NO. OF AXLES	COMBO NO. 4	NO. OF AXLES

DO YOU HAUL LOGS IN WASHINGTON? <input type="checkbox"/> YES <input type="checkbox"/> NO
ISSUE IFTA DECALS FOR VEHICLE ADDITIONS: <input type="checkbox"/> YES <input type="checkbox"/> NO
ODOT USE ONLY
APPROVED BY INITIALS/DATE

DELETIONS-REGISTRATION PLATE MUST BE RETURNED OR PLATE AFFIDAVIT SUBMITTED FOR FEE TRANSFERS

EQUIPMENT (UNIT) NUMBER	VEHICLE IDENTIFICATION NUMBER	APPORTIONED PLATE NUMBER	PLATE RETURNED Y/N

CERTIFICATION

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 (FAXED SIGNATURES ARE ACCEPTABLE)	TITLE	DATE

INSTRUCTIONS FOR COMPLETING SCHEDULE C TRUCK, TRACTOR AND BUS ADDITION/UPDATE FORM

Complete the following fields:

REGISTRATION YEAR - Year for which registration is being requested

NAME ON ACCOUNT - Business name of registrant

CCD ACCOUNT NUMBER - Oregon CCD account number

FLEET NUMBER - Fleet number or leave blank if new fleet

MAILING ADDRESS - New mailing address or address for special mailing (check appropriate box)

EFFECTIVE DATE - Date you wish registration to start or amendment to become effective

CONTACT NAME/PHONE - Contact name and phone

BILLING -Select method to receive billing

OREGON REGISTRATION WEIGHT - Gross combined weight

QUEBEC NUMBER OF AXLES IN COMBINATION - Maximum of 6 axles

JURISDICTION WEIGHTS - Additions - Enter registration weight for each jurisdiction that is greater than Oregon's registration weight or leave blank to default to Oregon weight where allowed. Weight Increases - Only enter weights in jurisdiction to be increased. Enter weight information in pounds.

ACTION CODE - Indicate action requested; **(A)** to add vehicle, **(T)** to add vehicle with fee transfer from deleted vehicle, **(R)** to renew current plate, **(U)** to amend vehicle information, or **(W)** to increase registration weight

EQUIPMENT (UNIT) NUMBER - Company assigned unit number

TYPE - Vehicle type **(TR)** Semi-tractor, **(TK)** Solo truck, **(TT)** Truck with Trailer, **(RT)** Road Tractor, **(DT)** Dump Truck, **(BS)** Bus, **(CS)** Charter Bus. **Note: Tow Trucks and Manufactured Structure Toters use Schedule C-T**

YR - Vehicle model year

MAKE OF VEHICLE - Make of vehicle

VEHICLE IDENTIFICATION NUMBER - Vehicle identification number, usually 17 digits

FUEL - **(5)** M85, **(8)** E85, **(A)** A55, **(B)** Biodiesel, **(C)** Compressed Natural Gas, **(D)** Diesel, **(E)** Ethanol, **(G)** Gas, **(H)** Gasohol, **(L)** Liquid Natural Gas, **(M)** Methanol, **(P)** Propane, **(X)** Hybrid, **(Y)** Electric

IF LEASED, OWNERS NAME - Name of owner as it appears on title or application for title

EMPTY WEIGHT - Unladen weight of power unit

AXLES/SEATS - Number of axles on power unit; number of seats for bus (include driver)

DATE OF PURCHASE - Month and year owner purchased vehicle

PURCHASE PRICE - Owner's purchase price of vehicle

PLATE NUMBER - Plate number if updating or renewing current plate

Motor Carrier Responsible for Safety (MCRS) - If vehicle will be operated under a USDOT number not belonging to registrant, provide USDOT and Employer Identification Number (EIN) of motor carrier. Write in "Y" if this is expected to change this year.

AXLES >5? - Will vehicle operate with more than 5 axles including trailer?

LESS THAN 10K - Will vehicle operate less than 10,000 miles annually?

ODOMETER - Current odometer reading (optional)

FEE BASIS - **(M)** for mileage tax reporting or **(F)** for flat tax reporting

BODY TYPE - Body type of truck or semi-trailer; **(B)** Bus, **(BA)** Articulated Bus, **(C)** Chip, **(D)** Dump, **(F)** Flatbed, **(G)** Garbage, **(K)** Self-loading Logger, **(1L)** Long Logger, **(L)** Short Logger or Mule Train, **(M)** Mixer, **(R)** Vehicle Carrier, **(S)** Livestock, **(T)** Tank, **(V)** Van, **(X)** Fixed Load/Crane/Well Driller, **(Y)** Lowboy, **(Z)** Other

SOLO/COMBO/AXLES - List all weight configurations for weight mile tax reporting. List axles for weights over 80,000 lbs



PROOF OF RESIDENCY - SCHEDULE "R"

CCD ACCOUNT NUMBER	NAME OF APPLICANT	DATE
LOCATION ADDRESS FOR RESIDENCY VERIFICATION		
STREET ADDRESS		STATE ZIP

This form is required when the Applicant does not have an "Established Place of Business" in Oregon or any other International Registration Plan (IRP) jurisdiction, and/or is applying as an Oregon resident in order to register commercial vehicles in Oregon.

"Established Place of Business" means a physical structure located within the Base Jurisdiction that is owned or leased by the Applicant. This physical structure shall be open for business and shall be staffed during regular business hours by one or more persons employed by the Applicant or Registrant on a permanent basis (i.e., not an agent) for the purpose of the general management of the Applicant's or Registrant's trucking-related business.

- If the Applicant is an Individual, complete SECTION 1, select and provide two (2) items from Section 3.
- If the Applicant is a Corporation, LLC, LLP, etc., complete SECTION 2, select and provide one (1) item from SECTION 3.

SECTION 1- INDIVIDUAL APPLICANT

REQUIRED OREGON DRIVER'S LICENSE NUMBER _____
REQUIRED: TWO (2) ADDITIONAL ITEMS IN APPLICANT'S NAME FROM SECTION 3, BELOW.

SECTION 2- APPLICANT IS A CORP, LLC, LLP, ETC.

PRINCIPAL OWNER IS OREGON RESIDENT - PRINCIPAL OWNER'S NAME _____
 REQUIRED OREGON DRIVER'S LICENSE NUMBER _____
 CORPORATION REGISTERED IN OREGON - FILING DATE _____
REQUIRED: ONE (1) ADDITIONAL ITEM FROM SECTION 3, BELOW.

SECTION 3 - ADDITIONAL PROOF OF RESIDENCY
CHECK THE ITEMS PROVIDED AND PROVIDE COPIES WHEN APPLYING.

- VEHICLE TITLED IN OREGON - VEHICLE PLATE NUMBER _____
- PAYMENT OF OREGON PERSONAL OR REAL PROPERTY TAX _____
- FEDERAL INCOME TAX RETURNS FILED FROM AN OREGON ADDRESS _____
- RECEIVES UTILITY BILLS IN OREGON _____
- OTHER EVIDENCE OF RESIDENCE IN OREGON _____

CERTIFICATION: 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

PRINT NAME	TITLE
SIGNATURE (FAXED SIGNATURES ARE ACCEPTABLE)	DATE
	ODOT USE ONLY
	APPROVED BY



INTERNATIONAL REGISTRATION PLAN (IRP) REQUIREMENTS

TO BE COMPLETED BY EACH NEW IRP REGISTRANT

CCD ACCOUNT NUMBER	REGISTRANT/LEGAL NAME	DOING BUSINESS AS
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To be eligible for vehicle registration under the International Registration Plan (IRP), the registrant must comply with all requirements of the Plan, including those listed below. The Plan may be viewed at <https://www.irponline.org/default.aspx>.

1. Base Jurisdiction – Select the requirement that qualifies the Registrant to base the Fleet in Oregon.

- Established Place of Business** – The Registrant maintains a physical structure in Oregon, owned, leased or rented by the Registrant, open for business and staffed during regular business hours by one or more persons employed by the Registrant for the purpose of the Registrant’s trucking-related business. The business must be listed with the Oregon Secretary of State, reflecting the physical location, and cannot be that of a licensing agent or reporting service.
- Residency** – The Registrant does not have an established place of business in another jurisdiction and is a resident of Oregon.
 - Complete [Schedule R- Oregon Proof of Residency](#)

2. Distance Reporting Requirements

- The distance Reporting Period is the previous July 1 through the most recently occurring June 30 calendar year. No other time frame may be used.
- Actual distance must be declared for the vehicle(s) registered in the Fleet during the Reporting Period, even if the vehicle only operated for a portion of the Reporting Period or is not being renewed.
- Actual distance operated during the Reporting Period must be declared if a vehicle was registered IRP under any account, in any IRP jurisdiction, while under the current ownership, including vehicles leased to a motor carrier as an owner/operator and vehicles changing base jurisdiction.
- Each vehicle in the Fleet must accrue actual distance in two or more IRP jurisdictions during the Reporting Period. One or more of the vehicles in the Fleet must accrue actual distance in Oregon each Reporting Period.

3. Recordkeeping

Distance records are subject to audit, they must be retained for the current Registration Year and three prior years, and provided upon request. The source documents must contain sufficient detail: date of trip (starting and ending); trip origin and destination; route of travel; beginning and ending odometer or hubodometer reading; total distance per vehicle, per jurisdiction; power unit number or vehicle identification number (VIN); fleet number; registrant name; trailer number; and driver’s signature and/or name.

SIGNATURE		TITLE		
PRINT NAME	DATE	ODOT USE ONLY	DATE COMPLETED	REVIEWED BY