



Commercial Fleet Services Apportioned Registration New Applicant Checklist for Section 305 Applications

MCD USE ONLY
Verified: _____
Initials _____
Date _____

In accordance with the International Registration Plan, Section 305, Select of Base Jurisdiction, the Texas Department of Motor Vehicles verifies residence or established place of business for applicants selecting Texas as their base jurisdiction.

Answer the following questions to determine the account type:

- Yes No Does the entity have a physical structure located within Texas that is owned or leased by the Applicant?
- Yes No Is the physical structure open for business and staffed during regular business hours by one or more persons employed by the Applicant on a permanent basis; not an independent contractor?
- Yes No Is the physical structure used for the purpose of general management of the Applicant's trucking-related business?

If "No" is the answer to any of the above questions, establish account under the principal owner's residence.

- Business** - Submit items 1, 2, and 3 below.
- Residence** - Submit items 2 and 3 below.

Qualifying Documentation

ALL submitted documents must have the same address.

1. **Corporation, company, partnership, LLC/LP, etc., must provide:**
 - Proof of corporation or registered to conduct business in Texas
- Texas Secretary of State corporation filing or Assumed Name Certificate as filed with County Clerk (must outline the business ownership.)
2. **All applicants must submit the following items:**
 - Property deed or lease/rental agreement
 - Identification of the applicant or principal owner of the business (drivers license, passport, state ID, etc. This is used to determine if the applicant should apply under Section 305.)
3. **All applicants must submit at least two of the following:**
 - Applicant has filed a federal income tax return from the address in Texas
 - Texas drivers license displaying location address
 - Applicant has paid property taxes to Texas
 - Applicant receives utility bills in their name in Texas
 - Applicant has a vehicle titled in their name in Texas
 - Other evidence clearly indicating the business address in Texas (i.e., searching Google Maps, County Appraisal District, payroll pay stubs, Franchise Tax, etc.)



Texas International Registration Plan Apportioned Application

(Reg. Year) _____

Schedule A

Select One: Section 305 Application or Section 310 Application

Account Number _____ Fleet Number _____ Supplement _____

OFFICE USE ONLY
HVUT Verified: _____
Ins. Verified: _____

Account Name		DBA		Contact Person		Account Expiration						
Physical Texas Address		County of Residence		Mailing Address		Phone No.		Fax No.		Tax ID (FEIN or SSN)		
City, State and Zip Code		Region		City, State and Zip Code		Email Address		Secondary Phone No.		US DOT #		TX MCR#

VEHICLE INFORMATION LIST

Unit #	Year	Make	Plate #	Axles	Total Axles	Unladen Wgt.	Type +	Fuel ++	Gross Wgt.	Purchase Price	Factory Price	Purchase Date
VIN						*1 Colorado Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No		Document #**				Seats
Owner Name						Replace Plate <input type="checkbox"/> Yes		*2 CRFS USDOT	*3 CRFS TAX ID	*4 Y/N <input type="checkbox"/> Yes <input type="checkbox"/> No		* Special
Unit #	Year	Make	Plate #	Axles	Total Axles	Unladen Wgt.	Type +	Fuel ++	Gross Wgt.	Purchase Price	Factory Price	Purchase Date
VIN						*1 Colorado Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No		Document #**				Seats
Owner Name						Replace Plate <input type="checkbox"/> Yes		*2 CRFS USDOT	*3 CRFS TAX ID	*4 Y/N <input type="checkbox"/> Yes <input type="checkbox"/> No		* Special
Unit #	Year	Make	Plate #	Axles	Total Axles	Unladen Wgt.	Type +	Fuel ++	Gross Wgt.	Purchase Price	Factory Price	Purchase Date
VIN						*1 Colorado Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No		Document #**				Seats
Owner Name						Replace Plate <input type="checkbox"/> Yes		*2 CRFS USDOT	*3 CRFS TAX ID	*4 Y/N <input type="checkbox"/> Yes <input type="checkbox"/> No		* Special

+Type = BS (bus), TK (truck only), TT (truck-tractor). ++ Fuel = Diesel, Gas, Propane.

***1 - Colorado Trailer:** If unit is Type TK (truck) with travel in Colorado, indicate either "yes" or "no" if the truck pulls a trailer in Colorado.

***2 - CRFS USDOT:** Enter USDOT # for the Carrier Responsible for the Safety (CRFS) fitness of the vehicle.

***3 - CRFS TAX ID:** Enter Tax ID # for the CRFS.

***4 - Y/N:** Indicate if the CRFS of the vehicle is expected to change during this registration year.

***5 - Special Use:** Indicate non-standard uses (i.e., **carnival, dump truck, farm truck, logging, wrecker, pump/drill/crane, household goods, less than 10K miles**)

**** If Document # is not shown - Carrier must furnish proof of Texas title or Texas Registration Purposes Only receipt in order to register vehicle.**

Total Units Added _____ Total Units Deleted _____

Unit #	Year	Make	Plate #	VIN	Gross Wgt.	Date Removed from Fleet	Reason Credentials Surrendered



 (Reg. Year)

Texas International Registration Plan Apportioned Application Schedule B

Account Number _____ Fleet Number _____ Supplement _____

Account Name		DBA	Contact Person		Account Expiration	
Physical Texas Address	County of Residence	Mailing Address	Phone No.	Fax No.	Tax ID (FEIN or SSN)	
City, State and Zip Code	Region	City, State and Zip Code	Email Address	Secondary Phone No.	US DOT #	TX MCR#

List distance traveled in each jurisdiction in which this fleet traveled for the period of **July 1, 2018, through June 30, 2019.**

Ownership Type (check one):

- Company Corporation
 Partnership Sole Owner

Operation Type (check one):

- For Hire Rental Trailer
 Private Carrier Hazardous Materials Carrier *
 Household Goods Carrier

* If the box indicating Hazardous Materials Carrier is checked, the undersigned is declaring knowledge of applicable provisions of any state motor carrier safety regulations for hazardous materials.

Jurisdiction	Distance
Alabama	
Arkansas	
Arizona	
California	
Colorado	
Connecticut	
District of Columbia	
Delaware	
Florida	
Georgia	
Iowa	
Idaho	
Illinois	
Indiana	
Kansas	
Kentucky	
Louisiana	

Jurisdiction	Distance
Massachusetts	
Maryland	
Maine	
Michigan	
Minnesota	
Missouri	
Mississippi	
Montana	
North Carolina	
North Dakota	
Nebraska	
New Hampshire	
New Jersey	
New Mexico	
Nevada	
New York	

Jurisdiction	Distance
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
Rhode Island	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Virginia	
Vermont	
Washington	
Wisconsin	
West Virginia	
Wyoming	

Jurisdiction	Distance
Alberta	
British Columbia	
Manitoba	
New Brunswick	
Newfoundland/Labrador	
Nova Scotia	
Ontario	
Prince Edward Island	
Quebec	
Saskatchewan	

Total Fleet Distance

- Actual distances traveled shown on this form includes all Interstate and Intrastate mileage and also includes all mileage operated under trip lease to another carrier.
- All vehicles are insured while operated upon the public roads as required by law. Proof of financial responsibility will be carried in each vehicle.
- Applicable highway use taxes have been paid on the _____ power units listed on the attached equipment list.

Knowingly providing false information on an application filed with the department subjects you to a third-degree felony under State Law.

Signature _____ Title _____ Date _____

The Texas Department of Motor Vehicles maintains the information collected on this form. With a few exceptions, you are entitled upon request to be informed about the information that we collect about you. Under §§552.021, 552.023, and 559.004 of the Texas Government Code, you are entitled to receive and review this information, and to have us correct erroneous information.



Texas Department of Motor Vehicles

Texas International Registration Plan

(Reg Year)

Cab Card Weight Schedule

Type of Transaction: Original Renewal Supplement

Account Name

Account Number

Fleet Number

Supplement Number

The following schedule should be completed by all Texas based carriers and should indicate the weight you wish to prorate in that jurisdiction. Vehicles must be listed in the same unit order as on the original application or supplemental application. If this form is completed in conjunction with an apportioned registration renewal application, you need only complete this form if you are making changes to the registered weights of vehicles already in the fleet.

List the total combined Gross Weight of the power vehicles or combination of vehicles (Power Units Only).

Jurisdiction	UNIT No.	UNIT No.	UNIT No.	UNIT No.	UNIT No.
AL					
AR					
AZ					
CA					
CO					
CT					
DC					
DE					
FL					
GA					
IA					
ID					
IL					
IN					
KS					
KY					
LA					
MA					
MD					
ME					
MI					
MN					
MO					
MS					
MT					
NC					
ND					
NE					
NH					
NJ					

Jurisdiction	UNIT No.	UNIT No.	UNIT No.	UNIT No.	UNIT No.
NM					
NV					
NY					
OH					
OK					
OR					
PA					
RI					
SC					
SD					
TN					
TX					
UT					
VA					
VT					
WA					
WI					
WV					
WY					
AB					
BC					
MB					
NB					
NL					
NS					
ON					
PE					
QC					
SK					
YT					

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Texas Department
of Motor Vehicles

Acceptable Distance Records for Audit

SIGN AND MAIL COMPLETED FORM TO:

TxDMV - Motor Carrier Division

P.O. Box 26440

Austin, TX 78755-0440

Under the provisions of Article X of the International Registration Plan (IRP), Texas Department of Motor Vehicles (TxDMV) is required to audit three (3) percent of the number of fleets whose registration it renews annually. A registrant must maintain adequate records to enable TxDMV to verify the distances reported on the registrant's apportioned application and to evaluate the accuracy of the registrant's distance accounting system for its fleet.

A registrant must retain all records in support of an apportioned application for a period of three (3) years following the close of the registration year to which the apportioned application pertains. These records must be maintained for each vehicle apportioned during the reporting period of July 1 – June 30.

A registrant must operate each apportioned vehicle interstate during a reporting/registration period. If an apportioned vehicle did not operate interstate during a reporting/registration period, the registrant shall submit a letter of explanation with the apportioned application to TxDMV.

Records containing the following elements shall be deemed adequate for audit:

1) For records produced by a means other than a vehicle-tracking system:

- | | |
|---|---|
| a) the beginning and ending dates of the trip to which the Records pertain | e) the total distance of the trip |
| b) the origin and destination of the trip | f) the distance traveled in each jurisdiction |
| c) the route of travel | g) the vehicle identification number or vehicle unit number |
| d) the beginning and ending reading from the odometer, hubodometer, Engine Control Module (ECM), or any similar device for the trip | |

2) For records produced wholly or partly by a vehicle-tracking system, including a system based on a Global Positioning System (GPS):

- | | |
|--|---|
| a) the original GPS or other location data for the vehicle to which the records pertain | e) the calculated distance between each GPS or other system reading |
| b) the date and time of each GPS or other system reading | f) the route of the vehicle's travel |
| c) the location of each GPS or other system reading | g) the total distance traveled by the vehicle |
| d) the beginning and ending reading from the odometer, hubodometer, ECM, or any similar device for the period to which the records pertain | h) the distance traveled in each jurisdiction |
| | i) the vehicle identification number or vehicle unit number |

3) Summaries:

- a summary of the fleet's operations for each month, which includes both the full distance traveled by each apportioned vehicle in the fleet during the calendar month, and the distance traveled in the month by each apportioned vehicle in each jurisdiction
- a summary of the fleet's operations for each calendar quarter, which includes both the full distance traveled by vehicles in the fleet during the calendar quarter, and the distance traveled in each jurisdiction by the vehicles in the fleet during the calendar quarter
- a summary of the quarterly summaries

In recording the actual distance of a vehicle, the driver must record all trip movement (every mile/kilometer driven interstate and intrastate), including loaded, empty, deadhead, bobtail, off-road, permitted and/or personal miles/kilometers. All odometer readings must be consecutive.

I have read the above and understand that failure to maintain records for my apportioned fleet as required could result in the cancellation of my apportioned privileges. These records will be made available for audit by TxDMV upon request during normal business hours. I further understand that I must keep my mailing address and phone number current with the TxDMV and that my failure to respond to an audit request mailed to my address of record by the stated deadline will result in a 20/50/100 percent fee assessment of the apportionable fees paid for the registration period to which the records pertain.

Applicant Information				
Name of Registrant			TxIRP Account Number	
Work Phone Number		Cell Phone Number		Email Address
Mailing Address		City	State	Zip
Signature of Registrant/Agent				Date

The Texas Department of Motor Vehicles maintains the information collected through this form. With few exceptions, you are entitled on request to be informed about the information that we collect about you. Under Sections 552.021 and 552.023 of the Government Code, you also are entitled to receive and review this information. Under Section 559.004 of the Government Code, you are also entitled to have us correct erroneous information.

For more information on Acceptable Distance Records, visit our website at www.TxDMV.gov. For comments concerning the audit process call 888/368-4689 or email MCD-Respond@TxDMV.gov.



Texas Application for International Fuel Tax Agreement License

GLENN HEGAR

TEXAS COMPTROLLER OF PUBLIC ACCOUNTS

GENERAL INFORMATION

Who Must Submit This Application - Any Texas based entity operating qualified motor vehicle(s) in two or more International Fuel Tax Agreement (IFTA) jurisdictions may obtain a Texas IFTA license in lieu of obtaining trip permits to satisfy their motor fuels tax obligations to other jurisdictions. To be issued a Texas IFTA license, Texas must be your base jurisdiction.

For Assistance - If you have any questions about this application, filing tax returns or any other tax-related matter, contact the Texas State Comptroller's office at 1-800-252-1383.

You can submit your completed application by mail, fax, or email:

Mail: Texas Comptroller of Public Accounts
111 E. 17th St.
Austin, TX 78774-0100

FAX: (512) 936-0013
Email: IFTA@cpa.texas.gov

We process applications in the order they are received. If you have questions or need more information, contact us at 800-252-1383.

Federal Privacy Act - Disclosure of your Social Security number is required and authorized under law, for the purpose of tax administration and identification of any individual affected by applicable law. 42 U.S.C. §405(c)(2)(C)(i); Tex. Govt. Code §§403.011 and 403.078. Release of information on this form in response to a public information request will be governed by the Public Information Act, Chapter 552, Government Code, and applicable federal law.

You have certain rights under Chapters 552 and 559, Government Code, to review, request and correct information we have on file about you. Contact us at the address or phone number listed on this form.

SPECIFIC INSTRUCTIONS

Item 1 - Sole owner: Enter the first name, middle initial and last name.

Partnership: Enter the legal name of the partnership.

Corporation, limited liability company, association: Enter the legal name exactly as it is registered with the Secretary of State.

Other legal entity: Enter the title of the organization.

Item 2 - Enter complete mailing address where you wish to receive mail from the Comptroller of Public Accounts. If you wish to receive mail at a different address for other taxes, attach a letter with the other addresses.

Item 4 - Enter the nine-digit FEIN assigned to your entity by the Internal Revenue Service.

Item 7 - If you have an eleven-digit Texas taxpayer number for reporting another type of tax, enter that number. (You can also enter in your Texas vendor identification number.)

Item 8 - Ownership: Check the appropriate box by the type of organization.

Item 9 - Texas Entity: Enter the file number assigned by the Secretary of State and the file date.

Item 10 - Foreign Entity (chartered outside of Texas): Enter the state or country of formation, the charter/file number and the Texas Secretary of State file number and date.

Item 11 - Limited Partnership: Enter the state in which the partnership is registered and the identification number.

Item 12 - Partnership: Enter information for all partners.

Corporation or Other Organization: Enter the information for the principal officers (president, vice-president, secretary). If the applicant does not have a Social Security number, enter the Individual Taxpayer Identification Number (ITIN) or other number assigned by the federal government for use when filing federal income tax returns.

Item 19 - Enter the actual physical address of your business. Do not use a P.O. Box or rural route number. If more than one location, attach a separate sheet.

Item 23 - Do not complete this application if you have a written lease agreement in your files that clearly states the lessor is responsible for filing your Texas IFTA reports.

If the lease agreement does not clearly state who is responsible for filing Texas IFTA reports, the reporting responsibility defaults to the owner of the vehicle (lessor).

Item 26 - Effective date of the IFTA license cannot be prior to the date the IFTA application is received.

Item 30 - Check the appropriate block(s). You must identify each fuel type used.

Item 31 - Check each jurisdiction in which you operate a qualified motor vehicle.

DEFINITIONS:

Qualified Motor Vehicle means a vehicle registered in Texas –

- with two axles and registered gross vehicle weight (GVW) exceeding 26,000 pounds; or
- having three or more axles; or
- used in combination when the registered GVW exceeds 26,000 pounds.

Qualified Motor Vehicle does not include recreational vehicles.

Recreational Vehicle means vehicles such as motor homes, pickup trucks with attached campers, and buses when used exclusively for personal pleasure by individuals. The vehicle may not be used in connection with any business endeavor.

Registration means the qualification of motor vehicles normally associated with a prepayment of license plate and registration card or temporary registration containing owner and vehicle data.

Base Jurisdiction means the jurisdiction where qualified motor vehicles are based for vehicle registration purposes and where the operational control and records of the qualified motor vehicles are maintained or can be made available.



Texas Application for International Fuel Tax Agreement (IFTA) License

• Please read instructions. • Type or print. • Do not write in shaded areas.

TAXPAYER IDENTIFICATION	1. Legal name of owner (Sole owner, partnership, corporation, limited liability company, association or other legal entity)	<input type="text"/>		
	2. Mailing address (Street and number, P.O. Box or rural route and box number)	<input type="text"/>		
	City	State	ZIP code	County
	<input type="text"/>			
	3. Enter the name and daytime phone number of the person primarily responsible for filing tax returns	<input type="text"/>		
	Enter the email address of this person	<input type="text"/>		
	4. Enter your Federal Employer Identification Number (FEIN), if any, assigned to the owner entered in Item 1	<input type="text"/>		
OWNERSHIP	5. Enter your Social Security number (SSN) if you are a sole owner	<input type="text"/>		
	6. <input type="checkbox"/> Check here if you do not have either FEIN or SSN.	<input type="text"/>		
	7. Enter your taxpayer number for reporting any Texas tax OR your Texas vendor identification number if you now have or have ever had one	<input type="text"/>		
	8. Indicate how your business is owned. <input type="checkbox"/> Sole owner <input type="checkbox"/> Partnership <input type="checkbox"/> Texas entity <input type="checkbox"/> Trust <small>(Submit a copy of trust agreement with application.)</small> <input type="checkbox"/> Foreign corporation <input type="checkbox"/> Limited partnership <input type="checkbox"/> Other (explain) <input type="text"/>			
	9. If your business is a Texas entity, enter the file number and date	File number	File date	
PROPRIETORS	10. If your business is a foreign entity, enter the state or country of formation, charter/file number, Texas Secretary of State file number and date.	State/country of formation	Charter/file number	Texas Secretary of State file number
	<input type="text"/>			
	11. If your business is a limited partnership, enter the home state, the partnership date and identification number	Home state	Partnership date	Identification number
SUCCESSOR INFORMATION	12. List all general partners or principal officers of your business. (Attach additional sheets, if necessary.) If you are a sole owner, skip Item 12.			
	Name (First, middle initial, last)	SSN or ITIN	Title	
	<input type="text"/>		<input type="text"/>	
	Home address (Street and number, city, state, ZIP code)	Phone (Area code and number)		
	<input type="text"/>		<input type="text"/>	
	Name (First, middle initial, last)	SSN or ITIN	Title	
	<input type="text"/>		<input type="text"/>	
	Home address (Street and number, city, state, ZIP code)	Phone (Area code and number)		
	<input type="text"/>		<input type="text"/>	
	If you purchased an existing business or business assets, complete Items 13-16. If you did not, skip to Item 17.			
13. Enter the former owner's trade name. If known, enter the former owner's Texas taxpayer number.	Trade name	Taxpayer number of former owner		
<input type="text"/>		<input type="text"/>		
14. Enter the former owner's legal name. If known, enter the former owner's address and telephone number.	Legal name of former owner	Phone (Area code and number)		
<input type="text"/>		<input type="text"/>		
Address of former owner (Street and number, city, state, ZIP code)				
<input type="text"/>				
15. Check each of the following items you purchased.				
<input type="checkbox"/> Inventory	<input type="checkbox"/> Corporate stock	<input type="checkbox"/> Equipment	<input type="checkbox"/> Real estate	
<input type="checkbox"/> Other assets				
16. Enter the purchase price of the business or assets purchased and the date of purchase.	Purchase price	Date of purchase		
\$ <input type="text"/>		<input type="text"/>		



Texas Application for International Fuel Tax Agreement (IFTA) License

Please read instructions. Type or print. Do not write in shaded areas.

17. Legal name of owner (Same as Item 1)

18. Trade name (Actual name under which your business operates) Business number (Area code and number)

19. Location of your business (Use street and number - NOT P.O. Box or Rural Route) City State ZIP code County

20. Name of bank or other financial institution (Attach additional sheets, if necessary.) Business Personal

21. List Texas Apportioned License Cab Card account number from the Texas Department of Motor Vehicles

22. If you do not have a Texas Apportioned License Cab Card account number, list your Texas license plate number

23. If you do not have a Texas Apportioned License Cab Card account number or a Texas license plate number, is your qualified motor vehicle leased? (Submit a copy of lease agreement with the application) YES NO If "YES," does your lease agreement specify that you are the responsible party for filing reports and paying the fuel tax? (See specific instructions for information about lease agreements.) YES NO

24. List your U.S. DOT number

25. Are you in a lease agreement and operating under another carrier's U.S. DOT number? YES NO If "YES", please list carrier's name and U.S. DOT Number

26. Requested effective date for IFTA license (see specific instructions for information regarding effective date for IFTA license) Month Day Year

27. IFTA decals will be issued for each of your qualified motor vehicles. Enter the number of motor vehicles requiring decals

28. Have you ever been issued an IFTA license from a jurisdiction other than Texas? YES NO If "YES," please list those jurisdictions and the year licensed

29. Has your IFTA license ever been suspended or revoked by a jurisdiction other than Texas? YES NO If "YES," please list those jurisdictions

30. Types of fuels used by your qualified motor vehicles (Check all that apply): 01 - Diesel 02 - Gasoline 03 - Ethanol 04 - Propane 05 - CNG 06 - A-55 07 - E-85 08 - M-85 09 - Gasohol 10 - LNG 11 - Methanol 12 - Biodiesel 13 - Electricity 14 - Hydrogen

31. Indicate with a check (✓) the jurisdictions in which you are operating, and in which you maintain bulk fuel storage (OP-Operate; BF-Bulk Fuel Storage)

Table with columns for OP and BF for various states and provinces including AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY, and CANADIAN PROVINCES (AB, BC, MB, NB, NF, NT, NS, NU, ON, PE, QC, SK, YT).

BUSINESS INFO.

LICENSE INFORMATION

