New Carrier Application/Checklist - IRP/IFTA

Please email all the required documents together to: dot.motorcarrier@delaware.gov

New Carrier applications are reviewed in the order received.

Once we have reviewed and accepted all required documents below, we will contact you to schedule an appointment

All original documenets/ original title/ mail (envelopes with contents) must be presented at the appointment

*** Please email the following documents as attachments ***

_____ **SS-4 Letter, CP575B, CP261 or LTR147C** from the Internal Revenue Service. **www.irs.gov**

° Legal tax Indentification number and business name

° If you using your personal name as your entity; you are required to obtain a tax identification number

° Federal Motor Carrier does not permit the use of social security numbers

For lost/misplaced SS-4 letter, CP575B, CP261 or LTR147C - please call 1-800-829-4933

_____ **Proof of residency * Federal requirement, no allowances permitted**

To open an account and register with Motor Carrier you must provide 2 proofs of mail from 2 different sources.

All mail must list the same name as the first line of the SS-4, CP575B, CP261 or LTR147C from the IRS.

° Please send a picture of each envelope and a picture of the contents of each envelope - as attachments

Original Mail must ~~to~~ be presented at the time of the appointment, please keep all envelopes and documents

° Each envelope must be postmarked date stamped not more 60 days. ** See acceptable postmarks below*

° The physical address must be the physical location in Delaware that must be owned or leased to the business

° No virtual offices, shared offcies or agent offices will be accepted

Acceptable mail/proof of residency documents are as follows:

Federal DOT number notice or pin letter	** Bank statement*	** Federal income tax return (previous year)*
Mail from any state agency - except DMV	*Auto insurance*	** State Income tax return (previous year)*
Delaware Division of Revenue	*Homeowners insurance*	*Property tax bill (previous year)*
Utility bills	** W-2*	*Property rental agreement*
** Credit card Statement*	*EZ Pass*	*Mortgage statement*

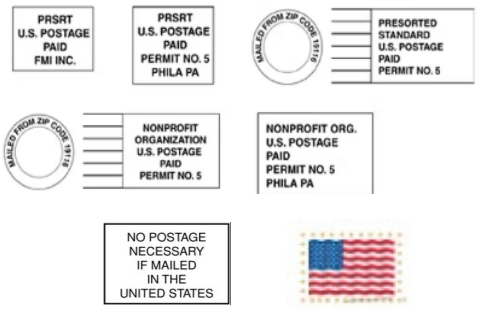
**** Money redacted***

Solicitations/junk mail or mail marked Pre-Paid or Bulk will not be accepted as proof of residency

Examples of Acceptable Postmark Stamps



Examples of Non-Acceptable Pre-Paid/Bulk Stamps



_____ A color copy of your valid Delaware driver's license.

Required for at least one: Sole Member, Member, Sole Proprieter, President, Partner.

_____ If your legal business structure type is anything other than a Sole Proprieter, the company must be in Good Standings with the Division of Corporations. **www.corps.delaware.gov**

_____ Active **or** Temporary Delaware Division of Revenue business license. **www.revenue.delaware.gov**

Temporary licenses are valid for 60 days. Farms require a business license if they are Wholesale/Retail for Hire.

New Carrier Application/Checklist - IRP/IFTA

_____ If you were previously registered in another jurisdiction, you are required to:

° Provide previous actual miles, register for 12 months and provide current registration/cab card

° Provide current registration/cab card

An Actual Mileage form is attached.

_____ A copy of the original title/certificate of origin for the truck/unit. Proof of ownership; Bill of sale

Delaware document fee is 5.25% of the purchase price from a Dealer. Private sale and vehicles being transferred into your name from out of state to Delaware - the document fee is based on NADA book value or an appraisal from a certified Delaware dealer.

Proof of Insurance will be required before an appointment is scheduled;

** Risk Retention Group or Surplus Lines insurance is not accepted for proof of insurance.*

_____ Original Insurance Card - with Delaware issued property & casualty policy only, expiration not more than 12 months, NAIC listed, complete and accurate vin number, card must list Delaware.

Name on the insurance card matches both title name and account name.

_____ If leased on to a different carrier; a binder, delcaration page, or policy will be accepted as long as the vin is present in the detailed signed lease agreement.

If your title is assigned in your personal name AND there is a lien on the title AND the account is being set up in an LLC or INC, both your personal name and business name must appear on the insurance card.

If leased on AND not using your own Authority;

** Leasing on to yourself (same owner) or family member is not acceptable.*

_____ Lease agreement required. (If insurance, DOT or IFTA issued by the leasing company),

Signed by all parties, includes the vin and the lessor (Carrier) and lesses's (Contractor) responsiblities

If the vehicle is already in the applicants name, registered, and 55,000 pounds and over;

_____ Stamp paid copy of form 2290 Schedule 1. **www.irs.gov**

_____ Delaware Division of Motor Vehicles safety inspection. Must list tare/unladen weight on the report

Federal DOT inspections are NOT acceptable. Inspections can be obtained at any Delaware DMV- no appointment needed

_____ Proof of Manufacturers Gross Vehicle Weight Rating (MGVWR) Title 21§ 2105

Every person applying to register a vehicle at a registered gross vehicle weight in excess of 26,000 pounds shall provide to the Department with the application documentation of the manufacturer's gross vehicle weight rating for such vehicle.

° A photo of the valid manufacturers MGVWR plate, sticker or plaque affixed to the vehicle

° Certificate of Origin.

° A written statement from the manufacter with the vehicle identifacation number (vin), the weight rating.

In the case that the vehicle is missing a valid vin plate or cannot obtain the documents to support the MGVWR, the DMV shall assign a MGVWR for the vehicle based on the federal bridge formula.

If using your own DOT number;

_____ Must be active and marked Interstate. **www.fmcsa.dot.gov**

_____ Unified Carrier Registration paid for current year- payment page

www.ucr.gov You must use the latest version of Chrome, FireFox, Safari, or Edge

_____ **Motor Carrier Account Application** - *completed*

_____ **Account Officer Form** - *completed*

_____ **Account Personnel Form** - *completed*

All other forms included in this application packet must be completed submitted prior to the appointment.

Associates are not permitted to complete the application/forms for you.

Motor Carrier Account Application

For Office Use Only

Motor Carrier Account Number: _____

Document Date _____

Use this application for New Account set up and account changes

Legal Name

DBA

Tax Identification Number	USDOT Number	Registrant Only (Circle if YES)
_____	_____	YES

Business Type:

☐ Corporation ☐ LLC ☐ LLP ☐ Owner Operator

☐ Government ☐ Non-Profit Corporation ☐ Partnership ☐ Religious

Business Phone & Fax
(company phone not individual)

Phone _____ FAX _____

Physical Business Address - No Agent or Virtual Address Permitted

Street _____

City _____ State **DE** Zip _____ County _____

Mailing Address

P O Box _____ Street _____

City _____ State _____ Zip _____

Account Officer

All account officers will have automatic authorization

Account Name _____ Account Number _____TIN _____

I certify that I am legally a member, officer or director of the above company I am authorized to act on behalf of the company for purposes of accessing and updating account information, transfer and/or renewal of vehicles, filing of tax returns, and to provide representation as part of any audit related activities for the following tax or registration fee matters: International Registration Plan (IRP); International Fuel Tax Agreement (IFTA); Unified Carrier Registration (UCR) and Heavy Vehicle Use Tax (Form 2290); Titles and Registrations. I will be held accountable for any and all transactions and debt associated with this account. I understand that if at any time I am no longer a member, officer or director it is my responsibility to contact the Motor Carrier Services department.

I certify that I am legally a sole proprietor, corporate officer, partner, member or manager of a limited liability company, or fiduciary on behalf of the above mentioned company, and that I have authority to execute this account access on behalf of the company.

Officer Type: President Vice President Sole Member Member Sole Proprietor CFO CEO COO Partner (circle one)

At least one officer must have a Delaware Drivers License; List that officer first

Name_____ Delaware Driver's License Number_____

Business Address_____City _____ State _____Zip_____

Email _____@_____

Office Phone _____ FAX _____Mobile Phone _____

Signature_____Before me personally appeared_____who by me duly sworn under oath says that the statements set forth above are true and correct. Subscribed to and sworn before me this _____day of _____, 20_____ State of _____County_____
Notary Signature & Seal_____

Officer Type: President Vice President Sole Member Member Sole Propiertor Partner CFO CEO COOO (circle one)

Name_____ Driver's License Number_____

Business Address_____City _____ State _____Zip_____

Email _____@_____

Office Phone _____ FAX _____Mobile Phone _____

Signature_____Before me personally appeared_____who by me duly sworn under oath says that the statements set forth above are true and correct. Subscribed to and sworn before me this _____day of _____, 20_____ State of _____County_____
Notary Signature & Seal_____

Office Use: Document Date _____Clerk_____ (Cross through unused sections)

Authorized Personnel

Motor Carrier Account Name _____Motor Carrier Account Number _____

TIN_____

The personnel noted below are employees, officers, or directors of the above company and FLEET and are authorized to act on behalf of the company for purposes of accessing and updating account information, transfer and/or renewal of vehicles, filing of tax returns, and to provide representation as part of any audit related activities for the following tax or registration fee matters: International Registration Plan (IRP); International Fuel Tax Agreement (IFTA); Unified Carrier Registration (UCR) and Heavy Vehicle Use Tax (Form 2290); Titles and Registrations.

I certify that I am the sole proprietor, corporate officer (president / vice presidnet, partner (except a limited partner), or member of a limited liability company

Signature	Title	Date
Print Name		Telephone Number

Before me personally appeared _____ (Taxpayer Name) who by me duly sworn under oath says that the statements set forth above are true and correct. SUBSCRIBED TO AND SWORN before me this _____ day of _____, 20_____.

_____ State of Delaware, _____ County
Notary Public

IRP Contact Type: ☐Audit ☐Primary ☐Other_____ ☐Signer ONLY ☐Pickup ONLY

IFTA Contact Type: ☐Audit ☐Primary ☐Other_____ ☐Signer ONLY ☐Pickup ONLY

Job Title_____

Name_____

Business Address_____ City _____ State _____Zip_____

Email _____@_____

Main Phone _____ FAX _____ Mobile _____

IRP Contact Type: ☐Audit ☐Primary ☐Other_____ ☐Signer ONLY ☐Pickup ONLY

IFTA Contact Type: ☐Audit ☐Primary ☐Other_____ ☐Signer ONLY ☐Pickup ONLY

Job Title_____

Name_____

Business Address_____ City _____ State _____Zip_____

Email _____@_____

Main Phone _____ FAX _____ Mobile _____

Additional pages may be used but will require notary * Do not add agents as authorized personnel

Office Use: Document Date_____Clerk_____(cross off unused sections)

Account _____Fleet_____Supp_____

Expiration Date _____/_____/_____
3 to 12 months registration – New Fleet Only
Previously Registered -12 Months Required

Fleet Type For-Hire / Private

Household Goods Carrier Yes / No

Intrastate operations in Wyoming Yes / No
Wyoming Permit is required see IRP, Inc.

Fleet Distance Schedule 2027 Registration Effective January 16, 2026

JURISDICTION	DISTANCE PER VEHICLE	JURISDICTION	DISTANCE PER VEHICLE
DE Delaware	**13,729**	**ND** North Dakota	**282**
AB Alberta	**0**	**NE** Nebraska	**783**
AL Alabama	**1,559**	**NL** Newfoundland-Labrador	**0**
AK Alaska	**0**	**NH** New Hampshire	**136**
AR Arkansas	**870**	**NJ** New Jersey	**3,825**
AZ Arizona	**9,103**	**NM** New Mexico	**2,780**
BC British Columbia	**0**	**NS** Nova Scotia	**0**
CA California	**8,626**	**NT** NW Territory	**0**
CO Colorado	**714**	**NU** Nunavut	**0**
CT Connecticut	**2,126**	**NV** Nevada	**1,089**
DC District of Columbia	**56**	**NY** New York	**1,922**
FL Florida	**2,456**	**OH** Ohio	**1,724**
GA Georgia	**1,832**	**OK** Oklahoma	**1,384**
IA Iowa	**762**	**ON** Ontario	**53**
ID Idaho	**355**	**OR** Oregon	**396**
IL Illinois	**1,278**	**PA** Pennsylvania	**3,673**
IN Indiana	**1,190**	**PE** Prince Edward Island	**0**
KS Kansas	**499**	**QC** Quebec	**87**
KY Kentucky	**721**	**RI** Rhode Island	**634**
LA Louisiana	**830**	**SC** South Carolina	**1,930**
MA Massachusetts	**1,250**	**SD** South Dakota	**231**
MB Manitoba	**0**	**SK** Saskatchewan	**0**
MD Maryland	**4,789**	**TN** Tennessee	**1,848**
ME Maine	**410**	**TX** Texas	**3,143**
MI Michigan	**405**	**UT** Utah	**652**
MN Minnesota	**816**	**VA** Virginia	**2,602**
MO Missouri	**980**	**VT** Vermont	**78**
MS Mississippi	**540**	**WA** Washington	**328**
MT Montana	**314**	**WV** West Virginia	**275**
MX Mexico	**0**	**WI** Wisconsin	**1,481**
NB New Brunswick	**0**	**WY** Wyoming	**719**
NC North Carolina	**2,603**	**YT** Yukon	**0**

Per IRP, Inc. this chart is to be used when a registrant does not have actual distance
*****The distance will be calculated times the total number of vehicles in the fleet.***

Authorized Personnel _____

Date _____

Per the Plan, Article VIII Motor Bus Apportionment Section 805 Determination of Distance**:** The Apportionable Fees of a Fleet that is involved in a Pool may be calculated using Apportionment Percentages or, in the alternative, at the option of the Applicant, the Apportionment Percentage may be calculated by dividing (a) the scheduled route distance operated in the Member Jurisdiction by the Vehicles in the Pool by (b) the sum of the scheduled route distances operated in all the Member Jurisdictions by the Vehicles in the Pool. Scheduled route distances shall be determined from the farthest point of origination to the farthest point of destination covered by the Pool. If a Registrant has used this method to register its Fleet initially for a Registration Year, it shall also use this same method to register any Apportionable Vehicles it may add to its Fleet during the year.

Active distance traveled by Delaware carriers during registration year 2025

Account _____Fleet_____Supp_____

12 Month Registration Required

Fleet Type For-Hire / Private

Household Goods Carrier Yes / No

Intrastate operations in Wyoming Yes / No
Wyoming Permit is required see IRP, Inc.

Actual Fleet Distance Schedule

Actual distance is required when the carrier is transferring from another jurisdiction.

No decimals

JURISDICTION	ACTUAL DISTANCE	JURISDICTION	ACTUAL DISTANCE
DE Delaware		**ND** North Dakota	
AB Alberta		**NE** Nebraska	
Al Alabama		**NF** New Foundland	
AK Alaska		**NH** New Hampshire	
AR Arkansas		**NJ** New Jersey	
AZ Arizona		**NM** New Mexico	
BC British Columbia		**NS** Nova Scotia	
CA California		**NT** NW Territory	
CO Colorado		**NV** Nevada	
CT Connecticut		**NY** New York	
DC District of Columbia		**OH** Ohio	
FL Florida		**OK** Oklahoma	
GA Georgia		**ON** Ontario	
IA Iowa		**OR** Oregon	
ID Idaho		**PA** Pennsylvania	
IL Illinois		**PE** Prince Edward Island	
IN Indiana		**QC** Quebec	
KS Kansas		**RI** Rhode Island	
KY Kentucky		**SC** South Carolina	
LA Louisiana		**SD** South Dakota	
MA Massachusetts		**SK** Saskatchewan	
MB Manitoba		**TN** Tennessee	
MD Maryland		**TX** Texas	
ME Maine		**UT** Utah	
MI Michigan		**VA** Virginia	
MN Minnesota		**VT** Vermont	
MS Mississippi		**WA** Washington	
MO Missouri		**WV** West Virginia	
MT Montana		**WI** Wisconsin	
NB New Brunswick		**WY** Wyoming	
NC North Carolina		**YT** Yukon	
		TOTAL DISTANCE	

Authorized Personnel _____Date_____

Per the Plan, Article VIII Motor Bus Apportionment Section 805 Determination of Distance**:** The Apportionable Fees of a Fleet that is involved in a Pool may be calculated using Apportionment Percentages or, in the alternative, at the option of the Applicant, the Apportionment Percentage may be calculated by dividing (a) the scheduled route distance operated in the Member Jurisdiction by the Vehicles in the Pool by (b) the sum of the scheduled route distances operated in all the Member Jurisdictions by the Vehicles in the Pool. Scheduled route distances shall be determined from the farthest point of origination to the farthest point of destination covered by the Pool. If a Registrant has used this method to register its Fleet initially for a Registration Year, it shall also use this same method to register any Apportionable Vehicles it may add to its Fleet during the year.

Weight Schedule

Account _____ Fleet_____ Supplement _____ Weight Group _____

Office Use Only Description: Dump / Wrecker / Trash / Straight Truck / Tractor / Super Duty / Crane / Car Carrier

Vehicle Type: TT – Truck Trailer TK – Truck BS- Bus Number Bus Seats _____

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

- Please use a separate form for each vehicle ***type*** and ***weight***
- Truck Trailer weight must be entered as Combined Gross Vehicle Weight
- 2 axle truck cannot exceed 40,000 or MGVWR whichever is less
- 3 axle truck cannot exceed 65,000 or MGVWR whichever is less
- 4 axle truck cannot exceed 73,280 or MGVWR whichever is less

Wrecker – Register at fully equipped vehicle

I the undersigned do hereby request that my vehicle(s) be registered at the above weight. I understand that it is my responsibility as a registrant to know what weight each jurisdiction in which I travel is allowable. Motor Carrier Services is not liable for any fines I may incur.

Signature _____Date _____

All vehicles must have MGVWR certifications

Units Schedule

Account _____Fleet_____Supp____

Weight Group

☐ Add ☐ Delete ☐ Modify	Plate Number	Exchange Plate
☐ Truck Trailer ☐ Truck ☐ Bus ☐ Wrecker	VIN	
Year	Make	Model	Unladen Weight
Axles	Power Unit Registration Weight	Power Unit MGVWR
MGVWR Verified? ☐ Yes ☐ No	Fuel	Primary Color	Secondary Color
Bus Seats	Unit Number	Combination Registration Weight if Truck Trailer

Odometer	Do you travel less than 10,000 miles nationally? ☐ Yes ☐ No	Pulls Trailer? ☐ Yes ☐ No
Was this vehicle previously registered to your IRP account? ☐ Yes ☐ No	Purchased ☐ New ☐ Used	Purchase Date
Purchase Price	Factory Price **DEFAULT**	Title Issue Date
Owner name		
Lease Agreement ☐ Yes ☐ No	Lessee Name	
Lease Start Date	Lease End Date	NAIC

TO BE COMPLETED BY APPLICANT – CRFS

Carrier Responsible for Safety USDOT number
Carrier Responsible for Safety Tax ID number
Is the motor carrier responsible for safety expected to change during the registration year? ☐ Yes ☐ NO

Vehicle Exchange

Plate Number _____

I understand that the above mentioned vehicle is being utilized as an exchange. That the above mentioned plate is no longer valid for operating and that it is my responsibility to remove the plate, registration and IFTA from the vehicle. If this vehicle is found operating on the road with the above mentioned plate it will be considered as fictitious and may be liable for fines. Date:_____ Sign_____

Complete this schedule in full. The information requested is used to determine registration fees by some jurisdiction.
All information must be entered to create an invoice.

Combination Registration Weight – The registration weight that the truck and trailer can carry together.
Round to nearest 1,000 lbs unless registering for 73,280

Unladen Weight – The empty weight of the power unit (shipping weight / tare weight) Record accurate weight there is a fee associated with this field

Axles – The number of axles on the power unit only. Include front drive axle

Power Unit Registration Weight – The weight that the power unit with NO trailer attached can be registered for.
Round to nearest 1,000 lbs unless registering for 73,280

Power Unit MGVWR – the weight that the manufacture certifies the power unit to be safely registered at. Record weight as indicated

NAIC – National Automotive Insurance Code; 5 digit code listed on insurance card

CRFS – The CRFS is the person whom holds the insurance and responsible for the safety of the vehicle. This section is to be completed ONLY by the applicant. Indicate the USDOT number (DOT) and Taxpayer Identification Number (TIN).

Registration Certification
Motor Carrier Account Number _____

In order to register through the Plan your vehicle must continue to meet the following criteria:

- Have two axles and a gross weight or registered gross weight in excess of 26,000 pounds.
- Have three or more axles, regardless of weight or
- Is used in combination, when the gross vehicle weight of such combination exceeds 26,000 pounds
- Has travel in two or more jurisdictions and used for the transportation of persons for hire or designed, used or maintained primarily for the transportation of property. Does not have 75% or more travel in another jurisdiction
- Power Unit, or the Power Unit in a Combination of Vehicles having a gross Vehicle weight of 26,000 pounds, or less, nevertheless may be registered under the Plan at the option of the Registrant
- If 75% of your travel is in another state, you risk not being renewed

I have read the above and my vehicle meets the criteria. I understand that if my vehicle does not travel outside the state of Delaware in 18 months that I will be removed from the Plan. I will be responsible for all expenses incurred with re-titling my vehicle. _____(signature)

1. You have a physical structure located in Delaware _____(*signature*)

2. The physical structure open for business and staffed during regular business hours by one or more persons employed by the registrant on a permanent basis (i.e., not an independent contractor) conducting trucking-related business. _____(*signature*)

3. The President, Sole Member, Member, Partner or Owner Operator is in possession of Delaware Driver's License Name _____DL Number _____(*license must be entered*)

I/we, the undersigned, do hereby certify, under penalty of perjury, that the statements made herein are true and correct to the best of my/our knowledge, information and belief. I/we understand that in the event the established place of business is proven to be outside the State of Delaware, the registration will be suspended, and the registration and document fees will not be refunded.

Authorized Signature: _____

COMMERCIAL MOTOR VEHCILE REGULATIONS
(Title 21 Chapter 47, and Title 29 Chapter 82 §8225 of the Delaware Code)

As a Commercial Motor Vehicle registrant, I hereby certify knowledge of applicable Federal and State motor carrier safety regulations and federal hazardous materials regulations adopted by the State of Delaware.

Authorized Signature: _____

****Signature required in all sections**

State of Delaware
Carrier Responsibilities regarding Recordkeeping Requirements in accordance with the International Registration Plan (IRP)

Motor Carrier Account Number _____

Every carrier shall maintain and preserve detailed mileage records (by vehicle, summarized monthly and/or quarterly) upon which the IRP apportioned application is based. The carrier shall preserve such records for a period of three years after the close of the registration year. {Article X §1000 of the Plan} For example, if a carrier's 2013 registration year is September 1, 2012 through August 31, 2013 (which would require mileage records to be maintained for the period July 1, 2010 through June 30, 2011); these records must be preserved and maintained through August 31, 2016. Such records shall be made available upon request by any member jurisdiction. In the event the carrier fails to maintain and preserve such records, assessments and penalties shall be imposed in accordance with Article X §1015 of the Plan. In addition, continued failure to comply will result in suspension or revocation of your operating credentials.

Adequacy of Records

Effective July 1, 2013, Article X §1005 of the Plan requires the Registrant to retain adequate records as follows:

(a) The Records maintained by a Registrant under Section 1000 shall be adequate to enable the Base Jurisdiction to verify the distances reported in the Registrant's application for apportioned registration and to evaluate the accuracy of the Registrant's distance accounting systems for its Fleet.

(b) Provided a Registrant's Records meet the criterion in subsection (a), the Records may be produced through any means, and retained in any format or medium available to the Registrant and accessible by the Base Jurisdiction.

Contents of Records-Vehicle Tracking System or GPS

Effective July 1, 2013, Records containing the following elements shall be accepted by the Base Jurisdiction as adequate under Section 1005(a). {IRP Article X §1010(b)}:

For Records produced wholly or partly by a vehicle-tracking system, including a system based on global positioning systems (GPS):

- The original GPS or other location date for the Vehicle which the Records pertain
- The date and time of each GPS or other system reading
- The location of each GPS or other system reading
- The beginning and ending reading from the odometer, hubometer, engine control module (ECM), or any similar device for the period to which the Records pertain
- The calculated distance between each GPS or other system reading
- The route of the Vehicle's travel
- The total distance traveled by the Vehicle
- The distance traveled in each jurisdiction
- The Vehicle identification number or Vehicle unit number

In addition to maintaining trip reports, the carrier is required to maintain:

- 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 include 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

All carriers are liable for the proper maintenance of the above records so as to avoid the possibility of additional registration fee assessments and/or the cancellation of operating credentials {Article X §1015 of the Plan}.

I have read and understand my responsibilities regarding requirements in accordance with IRP.

Motor Carrier Account Name	Date
Print Name and Title of Representative	Signature
DMV Staff Initials	

Revised 4/25/13

Delaware International Fuel Tax Agreement License Application

Registration Period 01/01/2026 through 12/31/2026

Circle type of application - New Account Supplemental

Legal Name

Motor Carrier Account Number _____ Tax Identification Number _____ US DOT Number _____

Leasing Company US DOT Number _____

If you do not have Delaware apportioned plates and you lease your vehicles; you are required to indicate your leasing company's Federal DOT number and submit a clear copy of your lease and a copy of your apportioned registration card with your new, renewal or supplemental application.

Type of Fuel Used (circle all that apply)

Diesel Gasoline Biodiesel Liquid Propane (LPG) Compressed Natural Gas(CNG) Ethanol Gasohol Liquid Natural Gas (LNG) Methanol E-85(Ethanol 85) M-85(Methanol 85) A-55(Naptha/Crude/Water)

Have you been issued an IFTA license by another IFTA jurisdiction? □Yes □ No
Has your IFTA license ever been suspended or revoked? □Yes □ No
Do you maintain bulk fuel storage in any jurisdiction including Delaware? Yes No
If yes list jurisdictions & tank capacity below
Are you consolidating fleets from other jurisdictions in this account? □ Yes □ No

Do you have bulk fuel tank(s) located in Delaware? Please report location, fuel type and gallons of each tank

Location	Fuel Type	Gallon Capacity

Decal Order

Two IFTA Decals (1 set) are needed for each vehicle Number of Decal Sets Ordered _____

Number of decal sets @ $5.00 per set……. Amount Due _____

Make checks payable to: DMV

The applicant agrees to comply with tax reporting, payment, record keeping requirements, and license display requirements as specified in the International Fuel Tax Agreement. The applicant further agrees that the State of Delaware may withhold any refunds due if the IFTA applicant is delinquent on payment of fuel taxes due to any member IFTA jurisdiction. Failure to comply with these provisions shall be grounds for revocation of any IFTA license in all member jurisdictions. I hereby affirm that I am authorized to sign this application and that the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Signature of authorized personnel _____ Date_____

Carrier Responsibilities Regarding Recordkeeping Requirements

Motor Carrier Account _____

Every carrier shall maintain and preserve detailed mileage and fuel records (by vehicle summarized monthly and/or quarterly) upon which the quarterly fuel tax reports are based. The carrier shall preserve such records for a period of four years from the due date of the report or the date filed, whichever is later. For example, the Second Quarter 1997 tax return is due July 31, 1997. If filed timely, records for this quarter must be preserved and maintained through July 31, 2001; if filed on October 15, 1997, the records must be preserved and maintained through October 15, 2001. Such records shall be made available upon request by any member jurisdiction. In the event the carrier fails to maintain and preserve such records, assessments and penalties shall be imposed. In addition, continued failure to comply will result in suspension or revocation of your operating credentials.

Acceptable Source Documents

An acceptable (required) source document used to verify vehicle mileage and fuel is through the use of an "Individual Vehicle Mileage Record" (trip report). A standardized trip report is suggested and encouraged (a sample trip report can be provided upon request). A trip report must include the following minimum information:

1. Vehicle identification number
2. Driver name
3. Date of the trip
4. Trip origin and destination information
5. Trip beginning and ending odometer/hubometer readings
6. Routes of travel
7. Jurisdictional state miles & total trip miles traveled

In addition to maintaining trip reports, the carrier is required to:

- Maintain complete records of all fuel purchased, received, and used in the conduct of business. Separate totals must be compiled for each fuel type used. Fuel records shall contain, but not be limited to: Date of fuel purchase; seller's name and address (machine or credit card imprinted, and address must show state in which sale is made); number of gallons purchased; type of fuel; and unit number or tag number.
- Maintain retail purchase documentation (receipt or invoice, credit card receipt, automated vendor generated invoice or transaction listing, or microfilm). Acceptable documentation must include, but shall not be limited to, the following: Date of fuel purchase; seller's name and address (machine or credit card imprinted, and address must show state in which sale is made); purchaser's name; number of gallons purchased; type of fuel; and unit number or tag number.
- Maintain tax-paid bulk fuel documentation. Copies of all bulk delivery tickets and/or receipts must be retained. Distribution records from bulk storage facilities must be maintained distinguishing qualified vehicle fuelings from other uses. Evidence of inventory reconciliation must be maintained to verify completeness of receipt and distribution records. To obtain credit for withdrawals from carrier-owned, tax-paid bulk storage, the following minimum records must be maintained: Date of withdrawal; number of gallons; type of fuel; unit number or tag number; and purchase records to substantiate that tax was paid on all bulk purchases.
- Accumulate monthly and/or quarterly mileage and fuel summaries on a per vehicle basis with a breakdown of jurisdictional miles traveled, and a breakdown of vehicle fuelings.
- Maintain all mileage and fuel records and summary information on an IFTA fleet basis.
- Determine jurisdictional state miles through the use of odometer/hubometer readings at state lines, maps, mileage generation systems, or on board recording devices. State mileage cannot be estimated.
- Ensure that all mileage and fuel records are legible and complete so that the continuous movement and fuel consumption of each vehicle can be audited.
- Ensure that trip reports include all miles traveled by the vehicle including loaded, empty, deadhead, &/or bobtail miles.

I have read and understand my responsibilities regarding record requirements in accordance with IFTA.

_____

IFTA Account Name Date

_____

Print Name and Title of Authorized Account Representative Signature

INDIVIDUAL VEHICLE DISTANCE AND FUEL REPORT

(IRP AND IFTA VEHICLES ONLY)

POWER UNIT VIN NUMBER OR UNIT NUMBER	POWER UNIT FLEET NO.	FUEL TYPE	NAME (IRP REGISTRANT)
FUEL FILLER NAME (IF OTHER THAN IRP REG.)	DRIVER NAME		FEI/SOCIAL SEC. NO.

Record of the Odometer Reading:
1. At the beginning of each day or trip.
2. When leaving each jurisdiction.
3. At the end of each day or trip.

MILEAGE INFORMATION					FUEL INFORMATION	TRIP INFORMATION		
TRIP DATE	HWYS. USED	JURISDICTION NAME	OD. BEGIN.	JURISDICTION MILES	GALLONS RECEIVED	VENDOR NAME	ORIGIN	DESTINATION

TOTAL TRIP MILES _____

Helpful Contacts

Delaware Division of Corporations

302.739.3073

https://corp.delaware.gov

Delaware Division of Revenue (Business License)

New Castle County 302.577.8200

Kent County 302.744.1085

Sussex County 302.856.5358

https://revenue.delaware.gov

Federal Motor Carrier Safety Administration

Eastern Service Center 443.703.2240

https://www.fmcsa.dot.gov

Apply for Federal DOT Number ● Medical Card Package ● Update MCS150

Information on Commercial Vehicle Information System and Networks (CVISN)

Information on Performance and Registration Information Systems Management (PRISM)

Internal Revenue Service

Apply for Employer Identification Number

Dover & Wilmington Appointment line for 2290 HVUT 844.545.5640

https://www.irs.gov

Motor Carrier Services https://www.dmv.de.gov/vehicleservcies/mc
Motor Carrier Services Online (IRP & IFTA): https://dmv.de.gov/services/motorcarrier
Delaware Division of Motor Vehicles: https://www.dmv.de.gov
International Registration Plan: https://www.irponline.org
International Fuel tax Agreement: https://www.iftach.org
Unified Carrier Registration: https://ucr.gov

Motor Carrier Dates to Remember

(this list is for reference only; do not assume it is complete)

January 31st - File 4th Quarter IFTA Tax Return

February - IFTA Decals Need To Be On Trucks

March 1st - Inc file and pay Annual Corporation Tax with the Division of Corporations

April 30st - File 1st Quarter IFTA Tax Return

June 1st - LLC & LP pay Annual Corporation Tax to the Division of Corporations

June 30st - File And Pay Heavy Vehicle Use Tax Form 2290 to the IRS

June 30st - Foreign Corps pay Annual Corporation Tax to the Division of Corporations

July 31st - File 2nd Quarter IFTA Tax Return

October 31st - File 3rd Quarter IFTA Tax Return

December 31st - Renew Delaware Business License

IRP Registration Expiration Date

Mileage Year to be reported for registration renewal July 1 thru June 30

The mileage year changes with September 30 expirations to current year

Federal DOT Update Schedule

MCS-150

If Your Federal DOT Number Ends In - Then You Must Update By The Last Day Of The Month Listed

1 - January

2 - February

3 - March

4 - April

5 - May

6 - June

7 - July

8 - August

9 - September

0 - October

If the NEXT TO THE LAST DIGIT of your DOT number is Odd you will file in Odd number calender years

If the NEXT TO THE LAST DIGIT of your DOT number is Even you will file in Even number calender years