

## New Carrier Application

Please email all required documents below to [dot.motorcarrier@delaware.gov](mailto:dot.motorcarrier@delaware.gov)

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

All documents are required before registration is issued

All documents are required to be in the same name as the tax ID



Proof of Residency \*Federal Requirement no allowances permitted\*

In order to open an account and register with IRP you must provide 3 proofs of mail from 3 different sources in the envelope and postmarked not more than 60 days. (postmark sample above) **All mail must be in the same name as the first line of the SS-4 from the IRS**. The physical address must be a physical location in Delaware that must be owned or leased to the business. You may use your residential address listed on your DE driver's license as your physical address of your business. No virtual offices be accepted.

Acceptable documents are as follows: Utility bills, auto insurance, homeowners insurance, W-2, credit card statement, state income tax return (previous year), federal tax return (previous year), property tax bill (previous year) mortgage statement, bank statement, Federal DOT number notice or PIN letter, property rental agreement, mail from any state agency except DMV.

Solicitations/junk mail will not be accepted as proof of residency

Delaware Drivers License Number \_\_\_\_\_

( Required for at least one: Sole Member, Sole Proprietor, President, Partner, Member)

Proof of Ownership ( Delaware title in your name or business name, Certificate of Origin or an Out of state title)

Dealer Bill of Sale. Delaware Documentation Fee 4.25% of purchase price. Private sales & vehicles already in your name being transferred to Delaware we will use NADA or appraisal by a certified dealer

Active Federal DOT number marked for **INTER**state & for hire  
(FMCSA.DOT.GOV)

SS-4 letter, CP575B, CP261 or LTR147C from the Internal Revenue Service to verify legal tax identification number and business name.

Even if you are using your personal name as your entity; you are required to obtain a tax identification number. FMCSA does not permit the use of social security numbers  
(WWW.IRS.GOV)

We will validate that the Delaware corporation in **Good Standing**

Current Delaware Business License

**OR**

Tempory Business license is Only Valid for 60 days - Date on Temporary License \_\_\_\_\_

If you were previously registered in another jurisdiction you are required to provide previous actual miles; register for 12 months and provide current registration card.

Odometer reading from June 30th \_\_\_\_\_

(if you have not been registered in any jurisdiction in the last 18 months; you are considered a NEW applicant)

\_\_\_\_\_ Original Insurance Card - Policy, Invoice, Payment Proof or Certificates are not accepted

With Delaware issued policy; Delaware address; Expiration date not more than 12 months; NAIC; complete and accurate VIN, Name on insurance card matches both title name and account name. IF Leased a binder, declaration page or policy will be acceptable as long as the VIN is present in the detailed signed lease. If your title is in your personal name AND there is a lien and the account is being set up in a Inc or LLC both personal and business names must appear on the insurance card. Binder or Policy is not accepted

\_\_\_\_\_ Lease Agreement (If insurance, DOT, or IFTA issued by leasing company); Signed by all parties, dated and includes VIN and lessor and lessee's responsibilities

\_\_\_\_\_ HVUT ONLY if the vehicle title is already in the applicants name. Stamp Paid Copy of form 2290 if reg>55K (WWW.IRS.GOV)

\_\_\_\_\_ Delaware Division of Motor Vehicles Safety Inspection. Federal DOT inspection is NOT acceptable

\_\_\_\_\_ Proof of Manufactures Vehicle Gross 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. (1) A valid manufacturer's GVWR plate, sticker or plaque permanetly affixed to the vehicle (photo) (2) Certificate of Origin (3) a written statement from the manufacturer with the vehicle identification number (VIN), the weight rating. In the case that the vehicle is missing a valid plate or can not obtain the documents the DMV shall assign a GVWR for that vehcile based on the federal bridge formula

\_\_\_\_\_ Unified Carrier Registration paid for current year (WWW.UCR.GOV) You must use the latest version of Chrome, FireFox, Safari and or Edge

**Complete all forms attached PRIOR to coming into the office  
Associates are not permitted to complete the application for you**

02.17.2022 rlb



# 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
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<b>Business Type:</b>					
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> LLP	<input type="checkbox"/> Owner Operator		
<input type="checkbox"/> Government	<input type="checkbox"/> Non-Profit Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Religious		

<b><i>Business Phone &amp; Fax</i></b> <i>(company phone not individual)</i>	
Phone _____	FAX _____

<b><i>Physical Business Address - No Agent or Virtual Address Permitted</i></b>			
Street _____			
City _____	State <b>DE</b>	Zip _____	County _____

<b><i>Mailing Address</i></b>	
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 Proprietor Partner CFO CEO COO (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 president, 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\_\_\_\_.

\_\_\_\_\_  
Notary Public State of Delaware, \_\_\_\_\_ County

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 2024 Registration Effective January 16, 2023**

JURISDICTION	DISTANCE PER VEHICLE	JURISDICTION	DISTANCE PER VEHICLE
DE Delaware	14,271	ND North Dakota	564
AB Alberta	0	NE Nebraska	746
AL Alabama	1,062	NF New Foundland	0
AK Alaska	0	NH New Hampshire	345
AR Arkansas	965	NJ New Jersey	4,529
AZ Arizona	4,501	NM New Mexico	2,609
BC British Columbia	0	NS Nova Scotia	0
CA California	4,891	NT NW Territory	0
CO Colorado	788	NV Nevada	1,093
CT Connecticut	3,227	NY New York	2,281
DC District of Columbia	34	OH Ohio	2,177
FL Florida	3,055	OK Oklahoma	1,288
GA Georgia	1,962	ON Ontario	51
IA Iowa	956	OR Oregon	561
ID Idaho	293	PA Pennsylvania	4,168
IL Illinois	1,546	PE Prince Edward Island	0
IN Indiana	1,754	QC Quebec	104
KS Kansas	827	RI Rhode Island	755
KY Kentucky	637	SC South Carolina	2,087
LA Louisiana	874	SD South Dakota	375
MA Massachusetts	2,343	SK Saskatchewan	0
MB Manitoba	0	TN Tennessee	1,901
MD Maryland	5,204	TX Texas	2,695
ME Maine	738	UT Utah	875
MI Michigan	592	VA Virginia	2,947
MN Minnesota	1,076	VT Vermont	221
MO Missouri	882	WA Washington	761
MS Mississippi	472	WV West Virginia	308
MT Montana	1,062	WI Wisconsin	1,636
NB New Brunswick	0	WY Wyoming	1093
NC North Carolina	3,087	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 \_\_\_\_\_

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

**Authorized Personnel** \_\_\_\_\_ **Date** \_\_\_\_\_



# 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 _____
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Weight Group
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<input type="checkbox"/> Add <input type="checkbox"/> Delete <input type="checkbox"/> Modify		Plate Number		Exchange Plate	
<input type="checkbox"/> Truck Trailer <input type="checkbox"/> Truck <input type="checkbox"/> Bus <input type="checkbox"/> Wrecker			VIN		
Year	Make	Model		Unladen Weight	
Axles	Power Unit Registration Weight			Power Unit MGVWR	
MGVWR Verified? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			Pulls Trailer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was this vehicle previously registered to your IRP account? <input type="checkbox"/> Yes <input type="checkbox"/> No			Purchased <input type="checkbox"/> New <input type="checkbox"/> Used	Purchase Date	
Purchase Price	Factory Price <b>DEFAULT</b>		Title Issue Date		
Owner name					
Lease Agreement <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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

In order to register through the Plan your vehicle must 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
- Intends to travel two or more jurisdictions and used for the transportation of persons for hire or designed, used or maintained primarily for the transportation of property
- You must have traveled every quarter to remain registered
- 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 and obtaining trip permits

- |  |     |    |
|--|-----|----|
| 1. Do you have a physical structure located in Delaware?   | YES | NO |
| 2. Is this 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? | YES | NO |
| 3. Are the operational records of the fleet located at this location?  | YES | NO |
| 4. If not, can the operational records be made available at the Delaware location in the event of an audit?  | YES | NO |
- ❖ if not, the registrant must pay all costs of travel and per diem expenses in accordance with the Plan section 1602.

If you were previously registered, you will need to provide the actual mileage traveled in the prior year or last 90 days.

***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.***

Name of company: \_\_\_\_\_ Signature of applicant: \_\_\_\_\_  
Printed name of applicant: \_\_\_\_\_

COMMERCIAL MOTOR VEHICLE 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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**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-Other than vehicle-tracking system***

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 by a means other than a vehicle-tracking system:

- The beginning and ending dates of the trip to which the Records pertain
- Trip origin and destination of the trip
- The route of travel
- The beginning and ending reading from the odometer, hubometer, engine control module (ECM), or any similar device for the trip
- The total distance of the trip
- 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

**Note: Please refer to the Article X §1010(b) of the Plan for record keeping requirements if an on-board recording device (GPS) is being used. A separate record keeping requirements form is required.**

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.

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Motor Carrier Account Name

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Date

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Print Name and Title of Representative

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Signature





**STATE OF DELAWARE  
DEPARTMENT OF TRANSPORTATION  
DIVISION OF MOTOR VEHICLES**

**MANUFACTURER'S GROSS VEHICLE WEIGHT RATING CERTIFICATION**

Manufacturer \_\_\_\_\_ VIN \_\_\_\_\_  
DE License Plate Number \_\_\_\_\_ Model Year \_\_\_\_\_  
Body Style \_\_\_\_\_ Number of Axles \_\_\_\_\_

In my professional judgment as a vehicle manufacturer and in the exercise of due care, I have found that the below components and their installation on the above vehicle are in accordance with accepted industry practice and in compliance with the Federal Motor Vehicle Safety Standards pursuant to Title 49 of the Code of Federal Regulations. As used in this law, "manufacturer" shall include any maker of new, incomplete vehicles, and such maker's authorized sales and service representatives; any maker or final assembler of vehicle bodies, components, or specialized equipment, and any installer of vehicle bodies, major components or specialized equipment that alters the vehicle's gross vehicle weight rating or that substantially changes its use.

	Tire Size	Rim Size	PSI
Front GAWR*	_____	_____	_____
2 <sup>nd</sup> GAWR*	_____	_____	_____
3 <sup>rd</sup> GAWR*	_____	_____	_____
4 <sup>th</sup> GAWR*	_____	_____	_____

(\*GAWR= gross axle weight rating)

**I have found this vehicle with the above equipment to have a manufacturer's gross vehicle weight rating (MGVWR) of \_\_\_\_\_ pounds.**

Comments \_\_\_\_\_

Company Name \_\_\_\_\_ Date of Inspection \_\_\_\_\_

Company Address \_\_\_\_\_

Company Phone No \_\_\_\_\_

Company Official's Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Title \_\_\_\_\_

## **USEFUL WEBSITES**

Motor Carrier Services <https://www.dmv.de.gov/vehicleservcies/mc>

Delaware Division of Motor Vehicles: <https://www.dmv.de.gov>

Delaware Division of Revenue: <https://revenue.delaware.gov>

Delaware Division of Corporations: <https://corp.delaware.gov>

International Registration Plan: <https://www.irponline.org>

International Fuel tax Agreement: <https://www.iftach.org>

Unified Carrier Registration: <https://ucr.gov>

Internal Revenue Service: <https://www.irs.gov>

- File Form 2290 Heavy Vehicle Use Tax
- Apply for Employer Identification Number

Federal Motor Carrier Services Administration: <https://www.fmcsa.dot.gov>

- Apply for Federal DOT number
- Information on Commercial Vehicle Information System and Networks (CVISN)
- Information on Performance and Registration Information Systems Management (PRISM)
- Medical Card package
- Update MCS150

Motor Carrier Services Online ( IRP & IFTA): <https://dmv.de.gov/services/motorcarrier>

## 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