



International Registration Plan (IRP) Application

Use this form to set up an International Registration Plan (IRP) account, add vehicles, add a new fleet, or make changes to your account.

Mailing address *without* payments:

Motor Vehicle Carrier Services
Department of Licensing
PO Box 9228
Olympia WA 98502-9228

Mailing address *with* payments and supporting documents:

Motor Vehicle Carrier Services
Department of Licensing
PO Box 9048
Olympia WA 98507-9048

Department of Licensing, Motor Carrier Services, field offices locations:

Office hours: 8:30 am–4:30 pm, Monday–Friday

Olympia counter: 405 Black Lake Blvd SW Bldg 2, Olympia, WA 98507

Vancouver counter: 1301 NE 136th Ave, Vancouver, WA 98663 (*Opens at 9:30 am on Thursdays*)

Headquarters (*Office hours: 8:00 am–5:00 pm, Monday–Friday*)

Phone: (360) 664-1858

Fax: (360) 570-7829

Email: MotorCarrierServices@dol.wa.gov

Online filing (TAP): https://wadolprft.gentax.com/TAP/_/

Information required for processing your application:

- Attach copies of Washington registration or validated copy of record for newly added vehicles. The name on the document must match the IRP account name.
- Provide UBI, USDOT, and FEIN numbers.
- Provide the Washington IFTA license number or the state where the license is held.
- A current stamped copy of IRS form #2290 (FHVUT) must be submitted for all vehicles with a gross weight of 55,000 pounds or more, if applicable.
- Provide the IRP Established Place of Business, Residency, Change of Address form, if applicable.
- If long term leasing to a motor carrier (30 days or more), place the company's USDOT and FEIN responsible for safety in rows 16 and 17 of the Vehicle Information table (page 3). Submit a copy of the lease agreement and Leased Vehicle Listing form.
- If using a service bureau or agent, include a notarized Power of Attorney form.

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Account information

IRP number		Fleet number	Registration year
IRP account name			
DBA (<i>doing business as</i>)			
Physical street address, City, State, ZIP code (<i>address must be in base jurisdiction</i>)			
Mailing address, City State, ZIP code (<i>if different than business address</i>)			
Name and title of person to contact regarding application (<i>if Service Agent, include Power of Attorney form</i>)			
(Area code) Phone number	(Area code) Fax number	Email address	
Business type <input type="checkbox"/> Sole proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company (LLC) <input type="checkbox"/> Limited liability partnership (LLP) <input type="checkbox"/> Corporation			
FEIN or SSN (<i>check one and provide</i>) <input type="checkbox"/> FEIN <input type="checkbox"/> SSN # _____		UBI number	USDOT number
Active Washington IFTA account Name: _____ # _____			If account is not in Washington, provide state
Vehicle type <input type="checkbox"/> TT–Truck tractor <input type="checkbox"/> TK–Truck (single) <input type="checkbox"/> DT–Dump truck <input type="checkbox"/> BS–Bus <input type="checkbox"/> TR–Tractor truck <input type="checkbox"/> RT–Road tractor <input type="checkbox"/> LG–Log			
Type of operation <input type="checkbox"/> Exempt commodity carrier <input type="checkbox"/> Household goods carrier <input type="checkbox"/> Private carrier <input type="checkbox"/> For hire carrier			

Weight group number _____ **lbs.**

Indicate maximum gross (combined gross) weight desired. Report weight in pounds only. **Use separate pages for different weight combinations (weight groups) and vehicle types.**

AB Alberta. lbs.	AL Alabama	AR Arkansas	AZ Arizona	BC British Columbia lbs.
CA California	CO Colorado	CT Connecticut	DC Dist. of Columbia	DE Delaware
FL Florida	GA Georgia	IA Iowa	ID Idaho	IL Illinois
IN Indiana	KS Kansas	KY Kentucky	LA Louisiana	MA Massachusetts
MB Manitoba lbs.	MD Maryland	ME Maine	MI Michigan	MN Minnesota
MO Missouri	MS Mississippi	MT Montana	NB New Brunswick lbs.	NC North Carolina
ND North Dakota	NE Nebraska	NF Newfoundland	NH New Hampshire	NJ New Jersey
NM New Mexico	NS Nova Scotia	NV Nevada	NY New York	OH Ohio
OK Oklahoma	ON Ontario lbs.	OR Oregon	PA Pennsylvania	PE Prince Edward Island lbs.
QC Quebec 7 axles	RI Rhode Island	SC South Carolina	SD South Dakota	SK Saskatchewan lbs.
TN Tennessee	TX Texas	UT Utah	VA Virginia	VT Vermont
WA Washington	WI Wisconsin	WV West Virginia	WY Wyoming	

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Vehicle information

List only one vehicle per column. Do not duplicate equipment numbers. Attach additional pages if needed.

Transaction type

- A** Add a vehicle **C** Change **D** Delete vehicle **F** Fleet to fleet
G Decrease gross weight **I** Increase gross weight **J** Adding a jurisdiction **R** Renewal

		Vehicle 1	Vehicle 2	Vehicle 3	Vehicle 4
1	Transaction type				
2	Owner equip #				
3	VIN				
4	Lic/Plate or TPO #				
5	Vehicle type				
6	Make				
7	Year				
8	Fuel				
9	Unladen weight				
10	Vehicle purchase price				
11	Declared comb GVW				
12	Purchase date (mm/dd/yy)				
13	Axels/Seats				
14	Lease date (mm/dd/yy)				
15	Owner/Lessor if different from registered				
16	US DOT carrier				
17	Carrier FEIN				

New accounts

List mileage in each jurisdiction where the fleet will travel

Jurisdiction	Mileage
AB Alberta	
AK Alaska	
AL Alabama	
AR Arkansas	
AZ Arizona	
BC British Columbia	
CA California	
CO Colorado	
CT Connecticut	
DC District of Columbia	
DE Delaware	
FL Florida	
GA Georgia	
IA Iowa	
ID Idaho	
IL Illinois	
IN Indiana	
KS Kansas	
KY Kentucky	
LA Louisiana	
MA Massachusetts	
MB Manitoba	
MD Maryland	
ME Maine	
MI Michigan	
MN Minnesota	
MO Missouri	
MS Mississippi	
MT Montana	
MX Mexico	
NB New Brunswick	
NC North Carolina	

Jurisdiction	Mileage
ND North Dakota	
NE Nebraska	
NH New Hampshire	
NJ New Jersey	
NF New Foundland & Labrador	
NM New Mexico	
NS Nova Scotia	
NT NW Territories	
NV Nevada	
NY New York	
OH Ohio	
OK Oklahoma	
ON Ontario	
OR Oregon	
PA Pennsylvania	
PE Price Edward Island	
QC Quebec	
RI Rhode Island	
SC South Carolina	
SD South Dakota	
SK Saskatchewan	
TN Tennessee	
TX Texas	
UT Utah	
VA Virginia	
VT Vermont	
WA Washington	
WI Wisconsin	
WV West Virginia	
WY Wyoming	
YT Yukon	
Total fleet miles	

I am knowledgeable of the federal motor carrier safety regulations (49 CFR 300-399) and hazardous materials regulations (49 CFR 100-185) or compatible state regulations 81.80 RCW and WACs 446-50, -65, 480-12-180, -190

I certify under penalty of perjury under the law of Washington that the foregoing is true and correct.

TYPE or PRINT name of person signing (President/Owner)

 Date and place signed

 Title

X
 Signature