



MISSOURI DEPARTMENT OF TRANSPORTATION
 MOTOR CARRIER SERVICES
 1320 CREEK TRAIL DRIVE, P.O. BOX 893
 JEFFERSON CITY, MO 65105-0893
 PHONE: (866) 831-6277 OR (573) 751-6433
 FAX: (573) 751-0916 WEB ADDRESS: www.modot.org/mcs

DOCUMENT CHECKLIST ON BACK OF FORM

APPLICATION #	TAX ID NUMBER (FEIN/SSN)	TYPE OF TRANSACTION	PAGE _____ OF _____
TYPE OF OPERATION: <input type="checkbox"/> PVT - PRIVATE <input type="checkbox"/> FOR - FOR-HIRE <input type="checkbox"/> FHL - FOR-HIRE LEASE		<input type="checkbox"/> FHE - FOR-HIRE EXEMPT <input type="checkbox"/> FHR - FOR-HIRE RENTAL <input type="checkbox"/> PVR - PRIVATE RENTAL	COMMODITY CLASS: <input type="checkbox"/> A - ALL <input type="checkbox"/> E - EXEMPT <input type="checkbox"/> H - HOUSEHOLD GOODS

EQUIPMENT REGISTRATION FORM

REGISTRATION YEAR	NAME OF REGISTRANT (IF CORPORATION, SUBMIT CORPORATION PAPERS)			IFTA DECAL REQUEST THE NUMBER OF DECALS ISSUED MUST RECONCILE WITH THE NUMBER OF TRUCKS LICENSED, AND WILL BE SUBJECT TO AUDIT.		
ACCOUNT NUMBER	DBA NAME (IF APPLICABLE, SUBMIT FICTITIOUS NAME PAPERS)					
FLEET NUMBER	BUSINESS ADDRESS (WHERE FLEET IS BASED)		COUNTY	IFTA LICENSE NUMBER		
U.S. DOT NUMBER	CITY, STATE, ZIP CODE		BUSINESS PHONE NUMBER			
IFTA NUMBER	MAILING ADDRESS FOR BILLS, CAB CARDS, PLATES (NO P.O. BOX NUMBERS)		COUNTY	NUMBER OF DECALS REQUESTED _____ SETS		
FMCSA NUMBER	CITY, STATE, ZIP CODE			JURISDICTIONAL WEIGHTS SECTION LIST ONLY THE WEIGHTS OF THE IRP JURISDICTIONS THAT WILL BE DIFFERENT THAN THE MISSOURI COMBINED GROSS WEIGHT. IF ADDING A NEW JURISDICTION, ENTER THE WEIGHTS NEXT TO THE NEW JURISDICTION.		
PERSON TO CONTACT	CONTACT PHONE NUMBER	FAX NUMBER	EMAIL ADDRESS			

EQUIPMENT ADDITION SECTION				EQUIPMENT ADDITION SECTION						
EQUIPMENT NUMBER				EQUIPMENT NUMBER				AL	MN	VA
MODEL YEAR & MAKE				MODEL YEAR & MAKE				AR	MS	VT
VEHICLE IDENTIFICATION NUMBER				VEHICLE IDENTIFICATION NUMBER				AZ	MT	WA
VEHICLE TYPE & AXLES	VEHICLE TYPE	POWER UNIT AXLES	TRAILER UNIT AXLES	VEHICLE TYPE & AXLES	VEHICLE TYPE	POWER UNIT AXLES	TRAILER UNIT AXLES	CA	NC	WI
FUEL TYPE & SEATS (IF A BUS)	FUEL TYPE	NUMBER OF SEATS		FUEL TYPE & SEATS (IF A BUS)	FUEL TYPE	NUMBER OF SEATS		CO	ND	WV
UNLADEN WEIGHT				UNLADEN WEIGHT				CT	NE	WY
WEIGHT GROUP (Combined Gross Weight)				WEIGHT GROUP (Combined Gross Weight)				DC	NH	AB
UNIT PRICE	LATEST PURCHASE PRICE	FACTORY PRICE		UNIT PRICE	LATEST PURCHASE PRICE	FACTORY PRICE		DE	NJ	BC
DATE OF PURCHASE (MM/DD/YYYY)				DATE OF PURCHASE (MM/DD/YYYY)				FL	NM	MB
IS UNIT LEASED?	<input type="checkbox"/> YES <input type="checkbox"/> NO			IS UNIT LEASED?	<input type="checkbox"/> YES <input type="checkbox"/> NO			GA	NV	NB
NAME OF TITLED OWNER (LESSOR)				NAME OF TITLED OWNER (LESSOR)				IA	NY	NL
TITLE STATE & TITLE NUMBER	TITLE STATE	TITLE NUMBER		TITLE STATE & TITLE NUMBER	TITLE STATE	TITLE NUMBER		ID	OH	NS
PLATE NUMBER				PLATE NUMBER				IL	OK	NT
CONTROL AND RESPONSIBILITY FOR SAFETY OF THIS VEHICLE:				CONTROL AND RESPONSIBILITY FOR SAFETY OF THIS VEHICLE:				IN	OR	ON
IS RESPONSIBLE CARRIER EXPECTED TO CHANGE DURING REGISTRATION YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				IS RESPONSIBLE CARRIER EXPECTED TO CHANGE DURING REGISTRATION YEAR? <input type="checkbox"/> YES <input type="checkbox"/> NO				KS	PA	PE
USDOT NUMBER: _____ TAX ID NUMBER (FEIN): _____				USDOT NUMBER: _____ TAX ID NUMBER (FEIN): _____				KY	RI	QC

EQUIPMENT DELETION SECTION				EQUIPMENT DELETION SECTION				REFUND REQUEST IF YOU ARE REMOVING A POWER UNIT THAT IS LICENSED FOR MORE THAN 54,000 POUNDS YOU MAY REQUEST THE REMAINING MISSOURI PORTION OF FEES AS A REFUND. BY MARKING THE APPROPRIATE BOX BELOW AND SIGNING ON THE PROVIDED LINE.			
EQUIPMENT NUMBER				EQUIPMENT NUMBER							
MODEL YEAR & MAKE				MODEL YEAR & MAKE				<input type="checkbox"/> PLEASE ISSUE A REFUND FOR THE REMAINING PORTION OF MY MISSOURI FEES.			
VEHICLE IDENTIFICATION NUMBER				VEHICLE IDENTIFICATION NUMBER							
PLATE NUMBER				PLATE NUMBER				ORIGINAL SIGNATURE (SORRY, NO COPY OF SIGNATURE ACCEPTED)			
COMBINED GROSS WEIGHT				COMBINED GROSS WEIGHT							
								REGISTRATION DATE	EXAMINED BY/DATE		

X