Customer Information Form

Missouri Department of Transportation
Motor Carrier Services
1320 Creek Trail Dr.
P.O. Box 893
Jefferson City, MO 65102-0893

Phone: 1-866-831-6277
Fax numbers: OSOW and/or 72 Hour Permits (573) 751-7408
IRP/IFTA: (573) 751-0916,
Operating Authority/HWWT: (573) 522-6708
Email: contactMCS@modot.mo.gov

CUSTOMER TYPE (Select one) ☐ IRP / IFTA ☐ OSOW ☐ IRP / IFTA and OSOW

TYPE OF PERMIT NEEDED (Select all that apply)

☐ 72-Hour Reciprocity Trip ☐ 72-Hour IFTA Permit ☐ Combination 72-Hour Reciprocity/IFTA Permit ☐ OSOW (Oversize Overweight Permit) Do not fill out section 5 or 6 if you need OSOW permit only.

Section 1. Identification Numbers

USDOT NUMBER	MC NUMBER	FEIN/SOCIAL SECURITY NO	PHONE NUMBER	FAX NUMBER

USDOT number not required because Interstate movement is limited to:

☐ **Occasional transportation of personal property by individuals not for compensation nor in furtherance of a commercial enterprise;**

☐ **Other (Please explain):**_____

EPA ID NUMBER (For transporters of Hazardous Waste Only)	E-MAIL ADDRESS

Section 2. Company Name (Must agree with information submitted on the MCS-150 form for your USDOT number.)

LEGAL NAME	DBA NAME

Section 3. Form of Business

☐ Sole Proprietor ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership ☐ Limited Liabilty Corporation ☐ Corporation

State of Organization/Incorporation: _____ **Date Organized:** _____ **Charter Number:** _____

Company Officers or Partners: Name_____ Title: _____

Name_____ Title: _____

Name_____ Title: _____

Section 4. Addresses (Check box and enter information as needed)

Principal Place of Business Address where your business records are maintained **(Must be physical location, cannot be a PO Box number)**

Street_____**City**_____ **State**_____ **Zip**_____

Mailing Address **(If different from Principal Place of Business address. May be a PO Box Number.)**

Street_____**City**_____ **State**_____ **Zip**_____

Check and complete this section as needed:

☐ **IRP/IFTA Program - Missouri address where you have an established** (Check one and complete if needed. Must be physical location. Cannot be a PO Box)

☐ **Same as Principal Place of Business address shown above.**

☐ **Other: Street**_____**City**_____ **State**_____ **Zip**_____

☐ OSOW (Oversize Overweight) - Terminal address (Check one and complete if needed. Must be a physical location, cannot be a PO Box)

☐ **Same as Principal Place of Business address shown above.**

☐ **Other: Street**_____**City**_____ **State**_____ **Zip**_____

Section 5. 72 Hour Permits for IRP/IFTA (Do not fill out if only applying for OSOW)

(After processing, an invoice will be sent electronically. Call 1-866-831-6277 to pay.)

VEHICLE YEAR	VEHICLE MAKE	VIN	
REGISTRATION STATE	LICENSE NUMBER	BEGINNING DATE OF PERMIT _____/_____/_____	BEGINNING TIME (HH:MM) ☐ AM ☐ PM

Type of permit needed (Select one)

☐ 72-Hour Reciprocity Trip ☐ 72-Hour IFTA Permit ☐ Combination 72-Hour Reciprocity/IFTA Permit

Section 6. Permit Service Contact Information

(This section required of permit service companies only.)

Company Name_____ Contact Name _____

Phone No_____ Fax No_____E-Mail_____

Street Address_____City_____State_____

* Note: A power of attorney must be attached. See note at the bottom of this page. This does not apply for new OSOW permit accounts.

Section 7. Certification Statements

The applicant agrees by signing below: To comply with quarterly reporting, payment, recordkeeping supported by four years of records, and license display requirement as specified in the INTERNATIONAL FUEL TAX AGREEMENT (IFTA).

The applicant authorizes the State of Missouri to refund any overpayment or withhold any refund of overpayment, if delinquent amounts are due any IFTA member jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IFTA license in all member jurisdictions.

My signature below shall be:

- considered a signature to unsigned return(s) and becomes part of my IFTA Quarterly Returns.
- considered a signature for authorization to remove power unit(s) in my International Registration Plan fleet that is/are licensed in excess of 54,000 pounds and process the remaining Missouri portion of fees as a refund.
- an affirmation and proof that I have established and maintained all legally required liability insurance coverage on all qualified vehicles bearing a Missouri apportioned license plate.

To comply wi th all Federal and State safety laws and regulations before the permit, license, certificate or property carrier registra tion has been issued and before the applicant commences for-hire motor carrier movements. The applicant by signature on and/or delivery of this application to Motor Carrier Services (MoDOT) consents on behalf of itself; its affiliates and other persons or entities under its control to be investigated by MoDOT in relationship to the applicant's safety fitness or insurance coverage. This consent extends to a search for and recovery of all evidence relating to compliance with state, federal and local laws.

Estimated Mileage Only: I hereby declare that I have no actual mileage to report. I understand that if I choose to provide my own es timated trips and routes, I am required to provide a scope of operation explaining how the mileage was determined in each jurisdic tion. I understand I cannot use the same estimated mileage figure for each jurisdiction or unreasonable mileage figures. If the Mis souri Highways and Transportation Commission or its designee determines that the mileage I have declared is unacceptable, I allow the MHTC to estimate distance of the fleet based on average per vehicle distance in each member jurisdiction using its own data.

Under penalty of perjury under the laws of the State of Missouri and the United States of America, the information in this applica tion or attached hereto is true and correct, that I am authorized to sign this application on behalf of the applicant and that the signa ture below is my own true and correct signature made by me or my legal representative and by no other person

*APPLICANT NAME PRINTED

*APPLICANT SIGNATURE

TITLE	DATE

* Note: The applicant must sign the application, or a third party must attach written proof (i.e., power of attorney) to their authority to sign on behalf of the applicant. If the applicant is a corporation , then an officer of the company or an individual authorized to sign on behalf of the company may sign this application. The member or manager of a Limited Liability Corporation (LLC) may sign the application as long as they are authorized to sign on behalf of teh LLC. If the applicant is a corporation or LLC, an attorney that is licensed to practice before The Missouri Bar may sign the application, although it is not required.

Customer Information Form Instructions
MoDOT Motor Carrier Services

SECTION 1 – Identification numbers

USDOT number--Enter the USDOT number. If your company has not been assigned a USDOT number, leave this box blank.

MC number--Enter the Motor Carrier number. If your company has not been assigned an MC number, leave this box blank.

FEIN/Social Security Number--Enter the Federal Employee Identification number issued by the Internal Revenue Service (IRS) to your company. If you operate as a sole proprietor (individual) provide your Social Security number.

Phone Number--Enter the business telephone number

Fax Number-- Enter the business fax number.

If USDOT number is not required because Interstate movement is limited, check the correct box.

EPA Number – Enter your company's Environmental Protection Agency (EPA) number. (For licensed transporters of hazardous waste only.)

E-mail address--Enter an e-mail address for account correspondence.

Customer Type - Select the type of customer (check one)

Type of permit needed - Select the permit type needed (check all that apply)

SECTION 2 – Name

Name must agree with USDOT and FMCSA registration. Do not enter a d/b/a name as the legal name.

Legal Name--For a single owner, enter your true first and last name as shown on birth records.

Partnerships-- list the legal name of each partner.

Corporations or Limited Liability Companies-- enter the unique name of the company that is on file with your state of incorporation.

Doing Business as Name (d/b/a or fictitious name)--If your company uses a fictitious (d/b/a) name and you are a Missouri based carrier, that name must be registered with the Missouri Secretary of State. Call the Secretary of State's office toll free at 1-866-223-6535 if you have questions.

SECTION 3 – Form of Business

Check the correct box which identifies your entity type.

As needed, identify the state of organization or incorporation, organization date and charter number. (Corporation, Limited Liability Company or partnership)

Provide a complete list of Company Officers or Partners, including title. (Not required for Sole Proprietor.)

SECTION 4 – Addresses

Principal Place of Business – address where business records are maintained. This address must be a physical location, and cannot be a PO Box.

Mailing Address – if different from the Principal Place of Business address. This address may be a PO Box.

IRP/IFTA programs – provide a Missouri address where you have an established place of business. This address must be a physical location and cannot be a PO Box.

OSOW program – provide a terminal address. This address must be a physical address and cannot be a PO Box.

SECTION 5 – If requesting 72 Hour Permit application

Complete vehicle information and time and date for the permit you are requesting.

Check box for type(s) of permit desired.

72-Hour Reciprocity – Trip Permit $10.00
Permit required for carriers based in another jurisdiction that are not properly licensed to travel in or through the state of Missouri.
(Fax Customer Information Form to 573-751-0916)

72-Hour IFTA Permit – Fuel Permit $10.00
Permit required prior to entry or re-entry into Missouri when not registered for IFTA.
(Fax Customer Information Form to 573-751-0916)

SECTION 6 – Permit Service Contact Information
For Permit Services only, provide all requested information.

SECTION 7 – Certification Statements
The applicant or individual legally authorized to sign on behalf of the applicant must sign and date the Customer Information Form. If a permit service signs this section, a power of attorney must accompany the completed Customer Information Form

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