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Customer Information Form

Missouri Department of Transportation
Motor Carrier Services
1320 Creek Trail Dr
P.O. Box 270
Jefferson City MO 65102-0270

Phone: 1.866.831.6277
Fax: OSOW 1.573.751.7408
IRP 1.573.751.0916
Operating Authority/HWWT 1.573.522.6708
Email: contactMCS@modot.mo.gov

CUSTOMER TYPE (Select one) ◯ **IRP/IFTA** ◯ **UCR** ◯ **OSOW**

Click below for
72 Hour Trip Permit Application

Section 1: Identification Numbers

USDOT NUMBER	MC NUMBER	FEIN/SSN (SSN only if Sole Proprietor)	PHONE NUMBER	FAX NUMBER

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 Liability Corporation ◯ Corporation

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

Company Officers or Partners: Name: _____ Title: _____

Name: _____ Title: _____

Contact Name (if different than Company Officer or Partner)

Name: _____ Title: _____

Next Page | Last Page

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

Principal Place of Business Address where your business records are maintained. (Must be a physical location, cannot be a P.O. Box.)

Street: City: State: Zip:

County:

Mailing Address (If different from Principal Place of Business address, may be a P.O. Box .)

Street: City: State: Zip:

County:

Check and complete this section as needed:

Missouri Terminal Address (for IRP?IFTA) where you have an established business. (Must be a physical location, cannot be a P.O. Box.)

◯ Same as Principal Place of Business address shown above.

◯ Other: Street: City: State: Zip:

OSOW (Oversize Overweight) - Terminal

◯ Same as Principal Place of Business address shown above.

◯ Other: Street: City: State: Zip:

Section 5: Permit Service Contact Information (*This section is required for permit service companies only.)

Company Name Contact Name

Phone No: Fax No: E-mail:

Street: City: State: Zip:

*Note: A power of attorney must be submitted with the completed customer information form. Complete form, print and fax to 1-573-751-7408 or email to contactmcs@modot.mo.gov along with the power of attorney.

Section 6: 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 (IRP) 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 with all Federal and State safety laws and regulations before the permit, license, certificate or property carrier registration 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 (MCS) 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 estimated trips and routes, I am required to provide a scope of operation explaining how the mileage was determined in each jurisdiction. I understand I cannot use the same estimated mileage figure for each jurisdiction or unreasonable mileage figures. If the Missouri Highways and Transportation Commission (MHTC) 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 application or attached hereto is true and correct, that I am authorized to sign this application on behalf of the applicant and that the signature below is my own true and correct signature made by me or my legal representative and by no other person.

If filing on-line; please type your first and last name in the signature field below, this indicates your acceptance of the above terms and is the **legal electronic equivalent of your signature**.

APPLICANT NAME PRINTED/TYPED	
APPLICANT SIGNATURE (If submitting via fax)	

TITLE		DATE	

**** Note: The applicant must sign the application, or a third party must submit 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 the 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.**

IRP/IFTA, OSOW or UCR 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.

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 this 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.)

First Page | Next Page | Previous Page | Last Page

Section 4 - Addresses

Principal Place of Business - Address where business records are maintained. This address must be a physical location, and cannot be a P.O. Box.

Mailing Address - If different from the Principal Place of Business address, this address may be a P.O. Box.
IRP/IFTA - Provide a Missouri address where you have an established place of business. This address must be a physical location and cannot be a P.O. Box.

*Section 5 - Permit Service Contact Information

For permit services only, provide all requested information.

**Section 6 - 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, please fax to 1-573-751-0916 or email to contactmcs@modot.mo.gov.