



South Dakota Combined IRP/IFTA Application

445 East Capitol Avenue, Pierre, SD 57501-3185

605-773-3314 – IRP 605-773-5408 - IFTA

Application for:

IRP (International Registration Plan) Effective Date: _____

Do you hold Wyoming Intra-State Authority?

Yes No (Please mark one)

Expiration Month (Select One)

Feb May Aug Nov

IFTA (International Fuel Tax Agreement) Effective Date: _____

FOR OFFICE USE ONLY

IRP/IFTA Account # _____

Have you previously been registered in South Dakota or any other jurisdiction? Yes No

If yes, check all that apply: IRP IFTA Jurisdiction: _____

If not South Dakota, explain why you were licensed in another jurisdiction (Must report actual miles if within 18 months) _____

If previously leased on with a company or individual, specify company name, address and reason for leaving (Must report actual miles if within 18 months) _____

Were you or any other affiliated company ever revoked? Yes No

If yes, name of company: _____

Company Information

Employer Identification Number: _____ Social Security Number: _____

LEGAL NAME: _____

D/B/A (Doing Business As) if different from legal name: _____

Sole Proprietor Partnership Corporation Limited Liability Company Other: _____

State of Incorporation: _____ Date of Incorporation: _____

If not incorporated in South Dakota, indicate date of registration with the South Dakota Secretary of State: _____

Are you leasing to a Motor Carrier? NO YES If YES with whom? _____

PHYSICAL ADDRESS: _____

Street City State Zip Code

MAILING ADDRESS: _____

Street City State Zip Code

Phone Number: _____ Cell Number: _____ Fax Number: _____

Contact Name: _____ Phone Number: _____

E-Mail Address: _____

Owners, Partner or Corporate Officers (one of the listed individuals must sign as Applicant). Addresses must be home address, not business address. As provided in Section 7(b) of the Federal Privacy Act of 1974, you are informed that the Social Security number is a mandatory request and requirement pursuant to 10-47B.

Title: _____

Name: _____

Social Security Number: _____

Address: _____

Phone Number: _____

Title: _____

Name: _____

Social Security Number: _____

Address: _____

Phone Number: _____

Title: _____

Name: _____

Social Security Number: _____

Address: _____

Phone Number: _____

Title: _____

Name: _____

Social Security Number: _____

Address: _____

Phone Number: _____

IRP CARRIER SECTION

A USDOT Number is required when applying for IRP Registration

USDOT: _____

IRP Contact Name: _____

Phone Number: _____

Cell Number: _____

Fax Number: _____

CARRIER TYPE (must select one): Private For Hire

If household goods or rental, please identify: _____

Briefly describe your type of operation: _____

If you are a new IRP applicant, you are required to maintain a place of business in your home jurisdiction comprised of a telephone and actual structure where all records can be maintained, and if necessary, made available for audit.

REPORTING SERVICE SECTION: IRP (Power of Attorney must accompany application)

Reporting Service Name: _____

Employer Identification Number: _____

Social Security Number: _____

PHYSICAL ADDRESS: _____
Street City State Zip Code

MAILING ADDRESS: _____
Street City State Zip Code

Phone Number: _____ Cell Number: _____ Fax Number: _____

E-mail Address: _____

IFTA CARRIER SECTION

A USDOT Number is required when applying for IFTA Registration

USDOT: _____

IFTA Contact Name: _____

Phone Number: _____

Cell Number: _____

Fax Number: _____

FUEL TYPE: Diesel Gasoline LPG CNG Gasohol Other

Do you have bulk storage? Yes No

You require _____ set(s) of decals at \$.50 per set for a total remittance of \$ _____. Payment must be included with application.
Applications remitted without payment cannot be processed.

REPORTING SERVICE SECTION: IFTA (Power of Attorney must accompany application)

Reporting Service Name: _____

Employer Identification Number: _____

Social Security Number: _____

PHYSICAL ADDRESS: _____
Street City State Zip Code

MAILING ADDRESS: _____
Street City State Zip Code

Phone Number: _____ Cell Number: _____ Fax Number: _____

E-mail Address: _____

Under penalty of perjury I hereby certify that the statements contained herein are true and correct.

Signature

Title

Date