

IRP EXPRESS

(O/L# 48867)

**2619 S. Waterman Ave. Ste. "A"
San Bernardino, CA 92408
Ph: (909) 824-5433
Fax: (909) 783-8931**

CLIENT INFORMATION

Legal Name: _____

DBA: _____

PHYSICAL ADDRESS

Street Address: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS

Street Address: _____

City: _____ State: _____ Zip: _____

Phone#: () _____ Fax#: () _____

Cell/Pager () _____

Emergency Contact): _____ Phone: _____ Bank

Information: (Required for IFTA License Application]

Bank Name: _____

Checking Account#: _____

Address: _____

City, State, Zip: _____

Type of Company: () Individual () Partnership () Corporation

President/Owner: _____ SS# _____ DL# _____

DOB: _____

V. President/officer #2 _____ SS# _____ DL# _____

DOB _____

Type of Carrier: () Common () Contract () Private Please fill in only IF you have any of the following:

ICC Authority: _____ Federal ID#: _____

DOT#: _____ CA#: _____

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CUSTOMER INITIALS REQUIRED FOR EACH SERVICE REQUESTED.

_____ 11 Western States	Date: _____
_____ 48 States	Delivery Date: _____
_____ ICC Authority	Customer Name: _____
_____ Single State Registration	Customer Phone: _____
_____ DOT:	Sales Person: _____
_____ CA	Vehicle Selling Price/Wt. _____
_____ Motor Carrier Permit	
_____ Bit Inspection	
_____ NY HUT	
_____ Kentucky Permits	
_____ Oregon PUC	
_____ New Mexico Card	
_____ Apply for Federal ID Number	
_____ Form 2290 paid to IRS () First Payment () Full Payment	
_____ IFTA License New Regular _____ Expedite _____	
_____ IFTA License Renew	
_____ IFTA ADDITIONAL DECALS	

Accepted by: Customer Signature _____

Date: _____

If you have any question regarding this checklist or your specific needs, call our office at **(909)824-5433**.

Notes/Follow-ups: _____

**GENERAL POWER OF ATTORNEY AND AUTHORIZATION FOR AGENT TO SIGN
APPORTIONED REGISTRATION APPLICATION**

I, _____, Title: _____

EMPLOYED BY : NAME OF PRORATE OPERATOR_____ Hereby
authorize IRP Express (O/L# 48867), and any of its agents to apply for and maintain the records
of any license or permit required to conduct business as an interstate commercial carrier,
including but not limited to the following: APPORTIONED REGISTRATION, IRS FORM
2290, FEDERAL ID#, FMCSA AUTHORITY, SINGLE STATE REGISTRATION, DOT#,
CA#, MOTOR CARRIER PERMIT, BIT INSPECTION, NY HUT, KENTUCY PERMIT,
OREGON PUC, NEW MEXICO TAX ID, IFTA LICENSE. I hereby authorize all above named
agencies to issue refunds of the fees submitted by IRP Express, with any application directly to
IRP Express, 2619 S. Waterman Ave. Ste. "A", San Bernardino, CA 92408.

This authorization shall remain in effect throughout the _____Licensing year.

Signature of Applicant_____

DMV Account Number_____

Date_____

Important Notice:

Report cancellation of authorization to the
Department of Motor Vehicles immediately.