

# WI IRP APPLICATION – SCHEDULE B NEW OPERATION INSTRUCTIONS

## Page 3

1. Operation Start Date: Enter the date that you intend to start operations. This date holds you accountable for filing requirements and cannot be back-dated. If you are applying at the end of the month, you may want to consider a start date at the beginning of the next month as you will be billed for the entire month in which you apply.
2. Federal Employer ID # (FEIN)/SSN: Enter your own Federal Employer ID Number. This is the licensee's 9-digit number issued by the Internal Revenue Service. Individuals and corporations can obtain a FEIN at [www.irs.gov](http://www.irs.gov). If applying as an individual, you may use your Social Security Number if you don't have a FEIN Number.
3. US DOT Number or Owner Operator: Enter your own US DOT Number if you have your own authority or are a private carrier. If you are leased to another carrier's authority enter their US DOT Number. You can obtain a US DOT Number at [www.safer.fmcsa.dot.gov](http://www.safer.fmcsa.dot.gov).
4. If you currently have or were previously issued a WI # for IRP, please list your WI #. If not, leave blank.
5. Registrant Name: Enter your exact full legal name in which you are applying. (Not your "DBA" Name) If you are applying as a Corporation or LLC/LLP, this name must match how it is registered with the Wisconsin Department of Financial Institutions and your US DOT Number.
6. Registrant – Email Address: Enter email address of registrant.
7. Street Address, City, State, ZIP Code: Enter complete physical address of registrant. This must be a Wisconsin address.
8. Registrant (Area Code) Telephone Number: Enter the registrant's phone number.
9. Mailing Address, City, State, ZIP Code: Enter your mailing address only if different from the physical address. All letters and reporting forms will be sent to the mailing address.
10. Registrant (Area Code) Fax Number: Enter the registrant's fax number.
11. Contact Person (Regarding Application): Enter the name of the individual filing your application in case there are questions regarding your application.
12. Contact Person – Email Address: Enter the email address of the individual filing your application in case there are questions regarding your application.

13. Contact Person (Area Code) Telephone Number: Enter the telephone number where the contact person can be reached if there are questions regarding your application.
14. Permit Service Name (Power of Attorney required if permit service is used): Enter the name of the permit service that will be providing service for the applicant and submit the "Power of Attorney" document.
15. Permit Service (Area Code) Telephone Number: Enter the phone number of the permit service.
16. Permit Service Address, City, State, ZIP Code: Enter the address of the permit service.
17. Permit Service Email Address or Fax No.: Enter either the email address or the fax no. of the permit service.
18. Fleet Type: Check the box of the operation classification that applies to you. Your US DOT Number should also reflect the same classification. If you check owner/operator, that means you are leased onto another carrier and you will need to submit a Lease Verification between Owner/Operator and Lessee.
19. Commodity Type: Check the box that describes your cargo classification. Check "All" if your commodity type is not listed.
20. Business Type: Check the box that describes your business type for which you are applying.
21. Do you operate in Wyoming under a Wyoming Operating Authority? Check the appropriate box if you have a license issued by the Federal Motor Carrier Safety Administration or state agency granting permission to haul for hire intrastate within the state of Wyoming.

## Page 4

22. Have you ever had IRP registration in any state or province? Check the correct box indicating if you have ever had IRP registration. If you have had IRP registration in the past, write the account number in the space provided.
23. Vehicle(s) Previously Registered: Check the box that describes how the vehicles you are registering have been licensed in the past.
24. International Fuel Tax Agreement, IFTA – Are you responsible for filing Fuel Tax reports? Check the box that indicates if you are submitting an IFTA application. If you are applying for IRP and IFTA, send both applications together and send to either the IRP or IFTA address. You must include payment for IFTA with the application.

25. Check one of the four boxes to describe the mileage in each jurisdiction. If the vehicle(s) for which you are obtaining IRP plates did not previously have IRP plates while you were the owner, you will be assigned miles based on Wisconsin's Estimated Mileage Chart. If the vehicle for which you are obtaining IRP plates previously had IRP plates and you were the vehicle owner at that time, you need to provide actual miles for the applicable report period even if someone else provided the IRP plates. Write these miles in the "Mileage" box next to the applicable jurisdiction. All jurisdictions will be on your cab card per full reciprocity.

## Page 5

If you have a truck that pulls a separately registered trailer you need to indicate the unladen weight, the gross weight and the combination gross weight. If you have a straight truck, indicate the unladen weight and the gross weight. If you have a tractor trailer (semi) indicate the unladen weight and the combined gross weight. The unladen weight is the empty weight of the power unit. The gross weight is the weight of the power unit fully loaded and the combination gross weight is the weight of the power unit and trailer fully loaded.

Remember to sign and date your application.

**Electronic Credential Waiver:** If an individual voluntarily chooses to prove credentials by presenting the traffic officer, or other government employee, with an electronic device, then the individual waives all claims for any damage caused, or believed to be caused, by the traffic officer, or other government employee, to the electronic device. Notwithstanding this waiver, if the traffic officer, or other government employee, causes damage to the electronic device by acting willfully, maliciously, fraudulently, in bad faith, or beyond his or her authority, then the traffic officer, or other government employee, shall be liable for damage to the electronic device. The Applicant agrees to inform any individual to whom this waiver applies of the liability imposed on them by this waiver.

Invisible disability notice to law enforcement form: [wisconsin.dmv.gov/inv-dis](http://wisconsin.dmv.gov/inv-dis) or at DMV Service Centers.

# WI IRP NEW OPERATIONS (INTERSTATE) CHECKLIST

If you are a For Hire Carrier, your MC Authority must be Active before submission, or your application may be returned. We allow for a minimum 10-day turnaround for processing. Your application may be delayed or returned if any items on this checklist are not provided. Your IRP bill will be emailed or faxed upon completion. After payment is made, you can request a temporary cab card to be emailed. Plates and Cab Cards will be mailed to the physical address the following business day after payment is made.

1. **Eligibility for IRP in Wisconsin:** Applicants must submit a *minimum of 3* of the following proofs in order to obtain IRP registration in WI.
  - Federal Tax showing WI Address
  - Utility Bill Showing WI Address
  - Personal Tax showing WI Address
  - Property Tax showing WI Address
  - Other (indicate): \_\_\_\_\_
2. **Driver License:** If you are applying as an individual (not a corporation or LLC), you must have a valid Wisconsin driver license if you are the primary driver. The driver license can be one of the 3 items needed for proof of residency.
3. **Title:** Vehicles must be titled in Wisconsin. Exception: if vehicle is leased from out of state, owner's name must be entered on IRP application with owner's purchase price and date.

**[Trans 152.025; 152.101 & 152.11(3)]**
4. **Previous IRP Registration:** If you previously had IRP, you must provide us with the previously issued account number. If the IRP registration was from another jurisdiction, you will need to provide a copy of previous registration Cab Card. You may need to report actual miles. Contact Motor Carriers at [irp-ifta@dot.wi.gov](mailto:irp-ifta@dot.wi.gov) or (608) 266-9900 to determine the mileage reporting period.

**[Article III, Section 315 of the International Registration Plan]**
5. **International Fuel Tax is Required:** If you need your own IFTA, the IFTA application [MV2667](#) and fees must be submitted along with your IRP application.

**[Trans 152.101(2)]**
6. **Owner/Operators:** If you are an Owner/Operator operating under another carrier's US DOT and/or IFTA, a completed WI IRP – Lease Verification form [MV2852](#) must be provided and signed by both lessor and lessee.

**[Article II of the International Registration Plan; Trans 152.101; Trans 177.07]**
7. **Wisconsin Department of Financial Institutions, DFI:** If you are a corporation or LLC, you must have your legal name on file with DFI. If not registered, you can complete these steps online at <http://wdfi.org/corporations/> or by calling (608) 261-7577. The company status must be active and in good standing.
8. **For Hire Carrier:** If you are a For Hire Carrier, you must have valid Federal Insurance and an active MC Authority on file with FMCSA before we will process your application. You can view your MC Status at: [safer.fmcsa.dot.gov](#). Contact the FMCSA at: 1-800-832-5660 if you have any questions.

**[Trans 177.03; Trans 176; Wis. Stats. 194.41]**
9. **US DOT Number:** US DOT numbers must be issued in the exact legal name of the registrant responsible for safety and the Carrier Operation must show as "Interstate." If you do not have a US DOT number, you can apply online at: [safer.fmcsa.dot.gov](#), or call 1-800-832-5660.
10. **Unresolved Incidents:** Any outstanding financial incidents with the Wisconsin Department of Transportation (parking tickets, unpaid fines, bad checks, etc) must be cleared up before we will consider your application. To see if you have any unresolved incidents <https://wisconsindot.gov/Pages/online-srvcs/other-servs/incidents.aspx>.

**[Wis. Stats. 341.10]**
11. **Unified Carrier Registration (UCR):** UCR requires individuals and companies that operate commercial motor vehicles, including buses, in interstate or international commerce to register their businesses and pay an annual fee for each calendar year based on the size of their fleet. UCR may be paid at: [www.ucr.gov](http://www.ucr.gov).

**[Trans 178]**
12. **WisCRS System Access Request (Form [MV2940](#)):** Effective March 1<sup>st</sup> 2019, all IRP/IFTA New Operations require accounts to have online access established. Form MV2940 is the application and agreement to obtain access to our Wisconsin Carrier Registration System (WisCRS). This allows for the electronic submission of IRP applications and IFTA fuel tax reporting. If you have a permit service completing your IRP/IFTA New Operations, a representative of that service or a representative of your company must obtain online access. Prior to the submission of this form with the New Operation, a user name and password must be set up through Wisconsin Access Management System, [WAMS](#).

For more information on getting set up for online access please watch our Motor Carrier videos "[How to create and Activate a WAMS ID](#)" and "[How to complete the WisCRS Access Agreement](#)".



# WI IRP APPLICATION – SCHEDULE B NEW OPERATION

Wisconsin Department of Transportation  
MV2854 (3) 09/2023 Ch. 341 Wis. Stats.

Wisconsin Department of Transportation  
Motor Carrier Registration Unit  
P.O. Box 7955  
Madison, WI 53707-7955



1. Operation Start Date	2. Federal Employer ID #(FEIN)/Ind. SSN	3. US DOT Number or Owner Operator <input type="text"/>	4. WI # (if applicable) WI - <input type="text"/>	OPERATION CLASSIFICATION	
5. Registrant Name		6. Registrant – Email Address		18. Fleet Type <input type="checkbox"/> Common Carrier <input type="checkbox"/> Contract Carrier <input type="checkbox"/> For Hire Exempt <input type="checkbox"/> Owner/Operator for Hire (lease required) <input type="checkbox"/> Private	19. Commodity Type <input type="checkbox"/> All <input type="checkbox"/> Exempt <input type="checkbox"/> Household Goods <input type="checkbox"/> Logs <input type="checkbox"/> Passengers
7. Street Address, City, State, ZIP Code		8. Registrant (Area Code) Telephone Number			
9. Mailing Address, City, State, ZIP Code		10. Registrant (Area Code) Fax Number		20. Business Type <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Partnership	21. Do you operate in Wyoming under a Wyoming Operating Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No
11. Contact Person (Regarding Application)	12. Contact Person – Email Address	13. Contact Person (Area Code) Telephone No.			
14. Permit Service Name ( <i>Power of Attorney required if permit service is used</i> )				15. Permit Service (Area Code) Telephone No.	
16. Permit Service Address, City, State, ZIP Code				17. Permit Service Email Address or Fax No.	

If you are a Corporation or LLC, provide owners, partners, corporation officers or member information (use additional sheets if needed).

Name	(Area Code) Telephone Number
Title	Email Address
Address, City, State, ZIP Code	
Name	(Area Code) Telephone Number
Title	Email Address
Address, City, State, ZIP Code	

**WI IRP APPLICATION – SCHEDULE B NEW OPERATION (continued)**

22. Have you ever had IRP registration?  
 No  
 Yes, Account Number: \_\_\_\_\_  
 If Yes, you must report actual miles in chart below.  
 Contact WI Motor Carriers for mileage report period.

23. Vehicle(s) Previously Registered  
 WI Base Plate       In Another State  
 WI IRP Plate       Just Purchased

24. International Fuel Tax Agreement – Are you responsible for filing Fuel Tax reports?  
 No, Give Name: \_\_\_\_\_  
 And Company FEIN:  -   
 If No, provide a copy of the lease verification form.  
 Yes, Submit IFTA application form MV2667 with MV2854

25. Mileage Chart  
 I am accepting Wisconsin's estimated mileage chart.  
 I am providing Actual Miles accrued from \_\_\_\_\_ (name of company) for period of \_\_\_\_\_ to \_\_\_\_\_.  
 If your scope of operation has changed use estimated miles. You must provide a written statement explaining the change.  
 I am providing my own estimated mileage to Wisconsin. The justification is attached as a written business plan or past operational records.

JURISDICTION	MILEAGE	JURISDICTION	MILEAGE	JURISDICTION	MILEAGE
AB – Alberta		MD – Maryland		OK – Oklahoma	
AK – Alaska		ME – Maine		ON – Ontario	
AL – Alabama		MI – Michigan		OR – Oregon	
AR – Arkansas		MN – Minnesota		PA – Pennsylvania	
AZ – Arizona		MO – Missouri		PE – Prince Edward Is.	
BC – British Columbia		MS – Mississippi		QC – Quebec	
CA – California		MT – Montana		RI – Rhode Island	
CO – Colorado		MX – Mexico		SC – South Carolina	
CT – Connecticut		NB – New Brunswick		SD – South Dakota	
DC – District Columbia		NC – North Carolina		SK – Saskatchewan	
DE – Delaware		ND – North Dakota		TN – Tennessee	
FL – Florida		NE – Nebraska		TX – Texas	
GA – Georgia		NH – New Hampshire		UT – Utah	
IA – Iowa		NJ – New Jersey		VA – Virginia	
ID – Idaho		NL – Newfoundland		VT – Vermont	
IL – Illinois		NM – New Mexico		WA – Washington	
IN – Indiana		NS – Nova Scotia		WI – Wisconsin	
KS – Kansas		NT – Northwest Terr.		WV – West Virginia	
KY – Kentucky		NU – Nunavut		WY – Wyoming	
LA – Louisiana		NV – Nevada		YT – Yukon Territory	
MA – Massachusetts		NY – New York			
MB – Manitoba		OH – Ohio			
				<b>TOTAL FLEET MILES:</b>	

**WI IRP APPLICATION – SCHEDULE B NEW OPERATION** (continued)

<b>TYPE CODE</b> TT – Truck Tractor RT – Road Tractor TK – Straight Truck BS – Bus WR – Wrecker	<b>FUEL CODE</b> D – Diesel G – Gasoline P – Propane A – Other: _____	<b>WEIGHT CODE</b> Unladen Weight = Empty weight of vehicle Gross Weight = <i>Truck Tractor</i> is the weight of the POWER UNIT axles only, with the loaded semi-trailer attached. <i>Straight Truck</i> is the loaded weight of the vehicle. Combination Weight = <i>Truck Tractor</i> and semi-trailer combined weight (WI maximum is 80,000) <i>Straight Truck</i> (loaded) and full trailer loaded weight (for jurisdictions other than WI)
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Complete every line for each unit you are adding to your IRP fleet.

Unit Equip. Number			
Vehicle ID Number (VIN)			
Year			
Make			
Type (TT, TK, WR, RT, BS)			
Trailer <sup>(1)</sup>			
Axles			
Seats (Buses Only)			
Fuel Type			
Unladen Wt.			
Gross Wt.			
Combined GWT			
Titled Owner Name			
Purchase Date (Month/Year)			
Owner Purchase Price	\$	\$	\$
Factory List Price	\$	\$	\$
US DOT Number (Vehicle Level)			
Federal ID/TIN <sup>(2)</sup> (Vehicle Level)			
SCEC <sup>(3)</sup>	<b>SCEC</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SCEC</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>SCEC</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
CO Travel <sup>(4)</sup>	<b>CO</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CO</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>CO</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
UTAH Special Truck <sup>(5)</sup>	<b>UTAH</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>UTAH</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>UTAH</b> <input type="checkbox"/> Yes <input type="checkbox"/> No

<sup>(1)</sup>Trailer: Indicate **Yes** if you have a straight truck pulling a full trailer.  
<sup>(2)</sup>Indicate the federal identification number that belongs to the US DOT number assigned to this vehicle.  
<sup>(3)</sup>SCEC: Indicate **Yes** for each vehicle if the safety carrier is expected to change during the registration year.  
<sup>(4)</sup>CO Travel: if you operate in Colorado and if the vehicle operates less than 10,000 total miles nationally.  
<sup>(5)</sup>UTAH Special Truck: Indicate if your truck is a cement pump, well-boring unit or crane.

Under Wisconsin’s Open Records Law, the Department may make non-confidential motor vehicle information available to companies and others who use the data for business purposes. If your IRP registration is in your personal name and you want your name and address withheld from such companies/groups, please obtain form MV3592, *Request to Withhold Name and Address*. If you have questions about this option, call **(608) 266-1466**.

I certify with penalty of perjury that the information furnished on this application and the attached schedules, if applicable, is true and correct. I have knowledge of the applicable Federal and State safety regulations and equipment requirements for the operation of commercial motor vehicles.

**X**  
 (Registrant Signature) (Date – m/d/yyyy)