Please return this form and any requested information to:

WisDOT – Division of Motor Vehicles Motor Carrier Services Audit Unit 4822 Madison Yards Way, 3rd Floor South Madison, WI 53705

This form may be downloaded from wisconsindot.gov and filled in electronically.

## **Company Information**

Licensee/Registrant Legal Name	2. Trade/DBA Name (if different from legal name)		
3. Telephone Number (including area code)	Fax Number (including area code)		
5. Contact Name	6. Contact Title		
7. Contact Telephone or Cell Number (including area code)	8. Contact Email Address		
9. Best Time to Contact	10. Person in Charge of Records		
11. Physical Address: Street	City State Zip Code		
12. Mailing Address: Street	City State Zip Code		
13. Records Location Address Street	City State Zip Code		
14. Federal Employer Identification Number (FEIN)	15. US DOT Number		
16. IFTA Account Number	17. IRP Account Number or IRP Exemption Reason		
18. Do you use a permit or compliance service? No $\ \square$ Yes $\ \square$	(Skip to question 24 if non-applicable)		
19. Service Agent Business Name	20. Service Agent Contact Name		
21. Service Agent Address Street	City State Zip Code		
22. Service Agent Telephone Number (including area code)	23. Service Agent Email Address		



## WISCONSIN IFTA AND IRP RECORDS REVIEW QUESTIONNAIRE Wisconsin Department of Transportation MV2685 11/2019

## **Business Operation Information**

24. What is your operating authority?		
☐ For-Hire Motor Carrier (MC Number):	☐ Private	☐ Owner/Operator
25. Which States or Jurisdictions do you drive or hav	ve activity?	
United States: □AK □AL □AR □AZ □	CA □CO □CT □DC □DE □FL	□GA □IA □ID □IL □IN
□KS □KY □LA □MA □MD □ME □	□MI □MN □MO □MS □MT □NC	□ND □NE □NH □NJ
□NM □NV □NY □OH □OK □OR □	□PA □RI □SC □SD □TN □TX	□UT □VA □VT □WA
□WI □WV □WY		
Canada: □AB □BC □MB □NB □NF	□NS □NT □ON □PE □QC □S	SK □YT
26. What commodities do you haul?		

27. Additional Business Information or comments:

**Mileage Information** Attach a copy of the source documents (e.g., Trip sheet/envelope used for interstate travel)

28. Miles are based on				
□ Odometer Readings				
☐ Map Miles – Type of map:				
☐ Standard Routes – Source:				
☐ Computer Software – Commercial na	ame of program:			
☐ Global Position System (GPS) – Nan	ne of program:			
☐ Other (describe):				
29. Reported miles are based on entrie	s/information from			
□Drivers only	□Drivers and reviewed by o	ffice staff	□Office personnel	
□Computer software – Commercial nar	me of program:			
□Other (describe):				
30. When are miles reported?				
□In the month the trip ends	□In the month the trip begins			
□Other (describe):				
31. What is your cut-off day of the month for data entry to meet the reporting deadline?				
32. Have you made adjustments to you	r miles for			
☐ No adjustments were made	☐ Single trip permits ☐ Off-highway activity ☐ Trip lease miles (leasee or leasor)			
☐ Other (describe):				

Fuel Information Provide a sample of your bulk disbursement and reconciliation reports (if any).

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34. Do you use bulk fuel storage facilities?	35. If yes, list license # and state(s) where facilities exist			
□ No □ Yes	License #: State(s):			
36. What are the bulk fuel storage capacities and types of fuel in gallo	ns/liters? (if any)			
☐ Diesel – Gallons: ☐ Bio-Diesel – Gallons:	☐ Dyed Diesel – Gallons:			
37. If you use bulk facilities, how do you account for withdrawals between	een IFTA qualified vehicles and other uses?			
38. Do any of your vehicles use fuel types other than Diesel or Diesel	-blands? If yes, how many?			
	·			
□ No □ Gasoline: □ Propane: □ Ethanol/Gasoho	ol: □ Natural Gas: □ Bio-Diesel:			
☐ Blends (describe):	☐ Other (describe):			
39. Fuel purchase records you maintain are:				
☐ Original vendor receipts/invoices				
$\hfill\square$ Billings via card services (e.g., card services, cardlock). Name of pr	rovider:			
☐ Other (describe):				
40. Fuel receipts/invoices are filed by:				
☐ Individual trip envelopes/sheets ☐ Segregated by s	state Unsorted with other invoices			
☐ Other (describe):				
41. Was tax exempt fuel purchased during the audit period?	42. If yes, was each individual fuel receipt/invoice reviewed to distinguish between tax-paid and tax-exempt fuel?			
□ No □ Yes	□ No □ Yes			
43. Have you made adjustments to fuel for:				
☐ No adjustments were made ☐ Single trip permits	$\hfill\Box$ Off-highway activity $\hfill\Box$ Trip lease miles (lessee or lessor)			
☐ Other (describe):				
44. Do you make any adjustments based on "idle-time"?	45. If yes, what procedures were used to make the adjustments?			
□ No □ Yes				



**Driver(s) Information** Please provide a complete list of all owner/operators including their IRP account number and a copy of the lease agreement(s) for each owner/operator with start and end dates of each lease (if any).

47. How many owner/operators do you have leased?			48. If owner/operators are leased, how many supply their own registration but you provide fuel tax credentials?			
Number:	□ None		□ None	□ AII	☐ Other:	
49. Additional Drive	er's Information:		•			
Fleet Informatio	n Provide copies of long	term (over 30 days) r	ental unit lease a	greement(s) inclu	iding start and end da	ates of each leas
	s are included in the interst		<u> </u>	.,		
IFTA:	IRP:					
51. Address where	vehicles are domiciled:	Street	City		State	Zip Code
50 Da vest masimtei		ial	laa ta wakish thaw	ff:		
-	n an inventory of decal seri	iai numbers and venic	ies to which they	are anixed?		
□ No	☐ Yes g any vehicles not included	in your fuel toy or	E4 If you why	at tuna af vahialas	s or off-road equipme	ent (avalaia in
apportioned fleet, a	and/or off-road equipment?	in your ruer tax or	detail)?	at type or veriicles	s or on-road equipme	пі (ехріаін ін
□ No	□Yes					
55. How many "long	g term" rental units (over 30	0 days) do you operat	e?			
56. Additional Flee	et Information:					

<sup>57.</sup> Please provide your fleet information on the following page. If additional space is needed then attach additional sheet(s). You may include your own table in lieu of the next page.

Fleet information for

Unit Number	Vehicle Identification Number (VIN)	IFTA Decal Serial No	umber	Owner (	Operator
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□IRP		
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□IRP		
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□IRP		
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□IRP		
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□IRP		
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□IRP		
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□IRP		
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□IRP		
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□IRP		
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□IRP		
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□IRP		
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□IRP		
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□IRP		
				□ No	□ Yes
	Check if the owner/operator is responsible	for their own	□ IRP		

## **Reporting Information**

58. Provide the names of the person(s) responsible for preparation and review for the following: Preparer's Name Reviewer's Name Driver's trip reports Monthly vehicle distance reports Monthly fleet distance reports Driver fuel reports Individual vehicle fuel reports Monthly vehicle fuel reports Monthly fleet fuel reports 59. Who compiles the information to prepare the IFTA return? 60. Who compiles the information to prepare the IRP renewal? 61. Have you experienced any problems in filing the quarterly or annual returns ☐ Yes – please explain: 62. Do you use an electronic system to track mileage? ☐ No (If not applicable please skip to the end) ☐ Yes – system name/service provider: 63. When was the electronic data first used for reporting? Month: Year: 64. Are all the trucks equipped with the same electronic equipment? ☐ Yes 65. Do your drivers still maintain manual records? □No ☐ Yes 66. How are location points determined? ☐ Cell Towers ☐ Manual by driver 67. What routing software is used to take location points and create a route between location points (pings)? 68. Is there a set time interval between location points (pings)? ☐ Yes – What is the interval (in minutes): 69. Are all location points (pings) identified with a time and date? □No ☐ Yes 70. How are location points (pings) translated (e.g., latitudes and longitudes, city name, street name, etc.)? 71. Is a life-to-date meter reading used within the electronic process (ECM integration or keying of odometer by the driver)? □No ☐ Yes

72. How are the trip load origin/destination integrated into the system?

73. Are the trip load origin/o	estination identified with a time, date, and life-to-date meter rea	ading?
□No	□ Yes	
74. Is the actual state line c	rossing identified with a location point (geo fencing), or is it inte	rpolated via a routing software?
□No	□ Yes	
75. Is the state line identifie	d with a time, date, and life-to-date meter reading?	
□No	□ Yes	
76. Are fuel stops electronic	cally identified within the on-board system?	
□No	□ Yes	
77. Are fuel stops identified	with a time, date, and life-to-date meter reading?	
□No	□ Yes	
78. Does the system have a	an edit function (are there two reports, an edited version and ar	unedited version)?
□No	□ Yes	
79. How does the system d	eal with or account for, erroneous and/or incorrect locations?	
Certification		
I certify with my signatu and correct.	re that to the best of my knowledge the information	n and statements on this form are true
x		
(Signature of Licensee	/Registrant or Authorized Representative)	Date Signed (MM/DD/YYYY)