

IRP REGISTRATION CERTIFICATION

This form must be completed prior to International Registration Plan (IRP) Registration or Renewal. If you answer no to any of the questions below, an explanation must be provided. Please answer the following questions about the physical structure of your business. If this is a home business, please answer about your home.

1. Is the physical structure of the "established place of business" located within the base jurisdiction of Nevada owned, leased, or rented by the fleet registrant? A drop box or virtual office does not qualify as an established place of business.
 Yes No
If no, please explain: _____
2. Does the physical structure have a designated street number or road location?
 Yes No
If no, please explain: _____
3. Is this location open during normal business hours? (Monday – Friday 8 a.m. to 5 p.m.)
 Yes No
If no, please explain: _____
4. Does the location have telephone(s) publicly listed in the name of the fleet registrant, supported by a Nevada telephone company's billing records? (The applicant or registrant need not have land line telephone service)
 Yes No
If no, please explain: _____
5. Is there any person(s) conducting the fleet registrant's business in the location during normal business hours?
 Yes No
If no, please explain: _____
6. Are the operational records of the fleet located at this location?
 Yes No
If no, please explain: _____
7. If not, can the operational records be made available at the Nevada location in the event of an audit?
 Yes No
If no, please explain: _____

Note: If not, the registrant must pay all costs of travel and per diem expenses in accordance with the IRP Plan, Section 1602.

The registrant/taxpayer certifies they have read and understand all rules and record keeping requirements. Please visit the following websites:

<https://www.iftach.org>

<https://www.irponline.org/default.aspx>

<https://dmv.nv.com/mcforms.htm>

Under penalties of perjury, the applicant declares that the information given is to the best of the applicant's knowledge, true, accurate and complete. The applicant understands that in the event the established place of business is proven to be outside the State of Nevada, the registrant will be suspended and fees will not be refunded. The applicant agrees to comply with the Federal Motor Carrier Safety Regulations, reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax Agreement, International Registration Plan, NRS 366, 371, 482 & 706 and NAC 366, 482 & 706. The applicant further agrees that the Motor Carrier Division may withhold any refunds due if the applicant is delinquent on payment of any fees or taxes due the department or any other member jurisdiction. The applicant has and will maintain insurance coverage on all motor vehicles per NRS 485,185. Failure to comply with these provisions may be grounds for revocation of fuel license and registration in Nevada and all other member jurisdictions.

Please print or type

Account Number: _____ Company Name: _____

Company Address: _____

Signature of Registrant/Taxpayer (Required): _____
City State Zip Code

Printed Name and Title (Required): _____

Phone number (Required): _____ Email address (Required): _____