


Instructions

Review the check list below and only use the documents that pertain to your application. If you need additional forms or have any questions you can contact us via email irp@sunshinestate.com

ADD VEHICLE/TRANSFER

- ✓ **Application form 85900** Complete all information on this application. Make sure all your truck and personal information is correct. We bill according to what you provide on this application. An officer of the corporation, account holder or the POA on file may sign this application. The 2nd page should be left blank. **Transfer APP only**-You will fill in the application with both vehicles D – truck you are deleting from the account, A -truck that is being added to the account.
- ✓ **Proof of insurance with all FL requirements** 750, 000 or more in cargo liability combined/single limit 750,000 or more, PIP or personal injury protection, the complete VIN or vin verification number, and the certificate holder Florida Department of Highway Safety and Motor Vehicles
- ✓ **2290 HVUT form** required on vehicles grossing over 54,999 (make sure you have selected the correct weight group when e-filing) gross vehicle weight and it has been 60 days or longer since date of **purchase (not the date titled)**. Name on the 2290 needs to match the name that you are registering under or the name on the title of the vehicle. In **SOME** cases, the 2290 can be in the previous registrant's name.
- ✓ **Proof of ownership if vehicle is NOT titled in FL** you will need
 - copy of the back and front of the out of state title
 - current original FL vin verification form or vin letter from the dealer
 - current letter from lien holder stating the title can't be released to owner
 - or lease agreement from title holder if not the account holder
- ✓ **Lease agreements** if the title or carrier is different than the account holder.
- ✓ **Previous registration or non-use affidavit** if the vehicle was purchase prior to the first day of the current month
- ✓ **Two-page Power of Attorney from the state** if the person registering the vehicle is not the account holder or a member of the corporation listed on application. **(PLEASE SEE ATTACHED)**

APPLICANT INFORMATION ONLY										PLEASE TYPE OR PRINT WITH INK										REGISTRATION YEAR:									
FULL NAME:										<div>INTERNATIONAL REGISTRATION PLAN</div> <div>FLORIDA APPLICATION SCHEDULE A</div> <div></div> <div>DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES</div> <div>BUREAU OF COMMERCIAL VEHICLE AND DRIVER SERVICES (BCVDS)</div> <div>2900 Apalachee Parkway, MS-62 Tallahassee, Florida 32399-6552 Telephone (850) 617-3711</div>										↓ TYPE OF OPERATION ↓ (Select one choice):									
FLORIDA PHYSICAL ADDRESS: DO NOT USE P. O. BOX OR "MAIL ONLY" STREET ADDRESS																				APT/UNIT #					CHECK <input checked="" type="checkbox"/> ONE: BUSINESS				
																				<input type="checkbox"/> RESIDENCE									
CITY:					COUNTY:															FL		ZIP CODE:							
IF APPLICANT IS A COMPANY (NOT A NATURAL PERSON) USING A FLORIDA RESIDENTIAL ADDRESS, PROVIDE NAME OF RESIDENT (OWNER OR OFFICER):																													
THREE PROOFS OF FLORIDA PHYSICAL ADDRESS ARE REQUIRED IF THIS IS A NEW ACCOUNT OR A PHYSICAL ADDRESS CHANGE TO YOUR CURRENT ACCOUNT. IF ANY ADDRESS OR CONTACT INFORMATION ON THIS APPLICATION IS A CHANGE TO YOUR CURRENT ACCOUNT, CHECK HERE <input type="checkbox"/>																													
APPLICANT MAILING ADDRESS:																													
CITY:					STATE:					ZIP CODE:																			
APPLICANT TELEPHONE NUMBER:																													
APPLICANT EMAIL ADDRESS:																													
U.S. DOT NUMBER:					FEIN:					↓ COLORADO LOW MILEAGE –Check (✓) the COLO. LOW MILES column for any vehicle traveling in Colorado that will travel less than 10,000 miles total in all jurisdictions.										↓ ↓ VEHICLE INFORMATION ↓ ↓									
IRP ACCOUNT NUMBER:					FLEET NUMBER:																								
TRANSACTION TYPES: A – ADD VEHICLE D – DELETE VEHICLE										C – CORRECTION O – ORIGINAL R – RENEWAL					VEHICLE TYPES: TT - TRUCK TRACTOR TR – TRACTOR					TK – TRUCK (SINGLE) BS – BUS					FUEL TYPES: D – DIESEL G – GAS P - PROPANE				
TRANS- ACTION TYPE	OWNER'S UNIT NUMBER	YEAR	M A K E	VEHICLE IDENTIFICATION NUMBER		T Y P E	# of AXLES POWER UNIT	# of AXLES TRAILER	BUS SEATS	F U E L	↑ COLO. LOW MILES	C O L O R	GROSS OR COMBINED GROSS WEIGHT	EMPTY WEIGHT	DATE OF PURCHASE (M / D / Y)	OWNER'S PURCHASE PRICE	FLORIDA TITLE NUMBER	MOTOR CARRIER RESPONSIBLE FOR VEHICLE SAFETY											
											□							U.S. DOT NUMBER ASSIGNED TO VEHICLE	TAX PAYER IDENTIFICATION NUMBER ASSIGNED TO VEHICLE	WILL THE DESIGNATED CARRIER RESPONSIBLE FOR SAFETY CHANGE DURING THE YEAR?									
											□									YES <input type="checkbox"/> NO <input type="checkbox"/>									
											□									YES <input type="checkbox"/> NO <input type="checkbox"/>									
											□									YES <input type="checkbox"/> NO <input type="checkbox"/>									
											□									YES <input type="checkbox"/> NO <input type="checkbox"/>									
											□									YES <input type="checkbox"/> NO <input type="checkbox"/>									
<div>I acknowledge Florida has adopted the federal motor carrier safety and hazardous material regulations and I am familiar with the requirements applicable to me. I certify that the information furnished in this application and the attachments are true and correct; that I have read and understand the records retention requirements for the International Registration Plan; and that I will comply with them.</div> <div>↑ APPLICANT'S SIGNATURE (REQUIRED) ↑</div> <div>TITLE: DATE:</div>										NAME OF CONTACT FOR THIS ACCOUNT:																			
										EMAIL ADDRESS TO BE USED FOR THIS ACCOUNT:																			
										MAILING ADDRESS TO BE USED FOR THIS ACCOUNT:																			
										CITY:					STATE:					ZIP CODE:									
										PRIMARY TELEPHONE FOR THIS ACCOUNT:																			
CHECK IF CONTACT IS CARRIER'S SERVICE PROVIDER					CHECK IF CONTACT IS CARRIER'S EMPLOYEE																								
NAME OF CARRIER SERVICE PROVIDER COMPANY (if applicable):																													

SCHEDULE B – MILEAGE INFORMATION AND WEIGHT									
<u>UNITS LISTED WILL BE AUTHORIZED TO OPERATE AT THE WEIGHTS LISTED BELOW</u>			ENTER ACTUAL MILES TRAVELED BY FLEET VEHICLES FOR THE PERIOD JULY 1, ____ THROUGH JUNE 30, ____			Will you be operating intrastate in the state of Wyoming? YES <input type="checkbox"/> NO <input type="checkbox"/> (Please ✓ one)			
JURISDICTION	ACTUAL MILES	GVW	JURISDICTION	ACTUAL MILES	GVW	JURISDICTION	ACTUAL MILES	GVW	
FL – FLORIDA			MI – MICHIGAN			TX – TEXAS			
AL – ALABAMA			MN – MINNESOTA			UT – UTAH			
AK - ALASKA			MO – MISSOURI			VA – VIRGINIA			
AR – ARKANSAS			MS – MISSISSIPPI			VT – VERMONT			
AZ – ARIZONA			MT – MONTANA			WA – WASHINGTON			
CA – CALIFORNIA			NC – NORTH CAROLINA			WI – WISCONSIN			
CO – COLORADO			ND – NORTH DAKOTA			WV – WEST VIRGINIA			
CT – CONNECTICUT			NE – NEBRASKA			WY – WYOMING			
DC – DIST. OF COLUMBIA			NH – NEW HAMPSHIRE			AB – ALBERTA			
DE – DELAWARE			NJ – NEW JERSEY			BC – BRITISH COLUMBIA			
GA – GEORGIA			NM – NEW MEXICO			MB – MANITOBA			
IA – IOWA			NV – NEVADA			MX – MEXICO			
ID – IDAHO			NY – NEW YORK			NB – NEW BRUNSWICK			
IL – ILLINOIS			OH – OHIO			NL – NEWFOUND/LABRA.			
IN – INDIANA			OK – OKLAHOMA			NS – NOVA SCOTIA			
KS – KANSAS			OR – OREGON			NT – NW TERRITORY			
KY – KENTUCKY			PA – PENNSYLVANIA			ON – ONTARIO			
LA – LOUISIANA			RI – RHODE ISLAND			PE – PRINCE ED. ISL.			
MA – MASSACHUSETTS			SC – SOUTH CAROLINA			QC – QUEBEC			
MD – MARYLAND			SD – SOUTH DAKOTA			SK – SASKATCHEWAN			
ME - MAINE			TN – TENNESSEE			YT - YUKON			
PLEASE BE SURE YOU PRINTED YOUR NAME, SIGNED THE APPLICATION, AND ENCLOSED THE FOLLOWING REQUIRED DOCUMENTATION, ➔ AS APPLICABLE.		<input type="checkbox"/> 3 PROOFS OF ESTABLISHED PLACE OF BUSINESS OR RESIDENCE Required for new account or whenever Florida physical address changes				TOTAL THE ACTUAL MILES LISTED ABOVE AND ENTER HERE ➔			
		<input type="checkbox"/> PROOF OF VEHICLE OWNERSHIP Out of state vehicles require titles copy of clear title (front and back) or copy of receipt for the electronic title; VIN Verification Form 82042; and letter from the lien-holder or lease agreement				PLEASE DO NOT SEND MONEY WITH THIS APPLICATION. A BILL WILL BE CALCULATED AND MAILED TO YOU. APPLICATIONS ARE WORKED ON FIRST RECEIVED BASIS.			
		<input type="checkbox"/> PROOF OF BODILY INJURY/PROPERTY DAMAGE LIABILITY INSURANCE WITH PIP				FOR ORIGINAL IRP APPLICATIONS ONLY: Does this fleet and/or vehicle have any history of prior IRP registration in another jurisdiction? YES NO			
		<input type="checkbox"/> PROOF OF PAYMENT OF HEAVY VEHICLE USE TAX				If Yes, what jurisdiction?			
		<input type="checkbox"/> COPY OF LEASE, IF APPLICABLE				Does this fleet and/or vehicles have any history of prior Florida IRP Registration?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
		<input type="checkbox"/> Record Keeping Agreement (Required for new account)				Has your registration ever been suspended or revoked?		YES <input type="checkbox"/>	NO <input type="checkbox"/>



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/1/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Insurance Producer Name Insurance Producer Address		CONTACT NAME: Contact info from producer PHONE (A/C, No, Ext): E-MAIL ADDRESS:		FAX (A/C, No):
		INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A : Progressive Insurance		02962
INSURED Name of policy holder Address of policy holder		INSURER B :		
		INSURER C :		
		INSURER D :		
		INSURER E :		
		INSURER F :		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES FOR <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> PIP \$10,000			Policy Number	Effective Date	Expiration Date	COMBINED SINGLE LIMIT (Ea accident) \$ 750,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y <input checked="" type="checkbox"/> N (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

If policy is marked as a scheduled policy, VIN #'s have to be listed

CERTIFICATE HOLDER

CANCELLATION

Florida Department of Highway Safety & Motor Vehicles Neil Kirkman Building #A110 2900 Apalachee Parkway Tallahassee, Florida 32399	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Name or signature of representative
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SCHEDULE 1
(Form 2290)

(Rev. July 2018)
Department of the Treasury
Internal Revenue Service

Schedule of Heavy Highway Vehicles

For the period July 1, 2018, through June 30, 2019

► **Complete and file both copies of Schedule 1. One copy will be stamped and returned to you for use as proof of payment when registering vehicle(s) with a state.**

OMB No. 1545-0143

Type
or Print

Name

IRP Account name or Name listed on the title of the vehicle

Employer identification number

□□-□□□□□□□□

Address (number, street, and room or suite no.)

E-FILE at expresstrucktax.com

City or town, state or province, country, and ZIP or foreign postal code

E-FILE watermark or IRP stamp has to be visible

Month of first use
(See instructions)

Y Y Y Y M M

Part I

Vehicles You Are Reporting (enter VIN and category)

Category A through W
(category W for
suspended vehicles)

1	<input type="text"/>	A - 55,000
2	<input type="text"/>	B - 55,001 to 56,000
3	<input type="text"/>	C - 55,001 to 57,000
4	<input type="text"/>	D - 57,001 to 58,000
5	<input type="text"/>	E - 58,001 to 59,000
6	<input type="text"/>	F - 59,001 to 60,000
7	<input type="text"/>	G - 60,001 to 61,000
8	<input type="text"/>	H - 61,001 to 62,000
9	<input type="text"/>	I 62,001 to 63,000
10	<input type="text"/>	J 63,001 to 64,000
11	<input type="text"/>	K 64,001 to 65,000
12	<input type="text"/>	L 65,001 to 66,000
13	<input type="text"/>	M 66,001 to 67,000
14	<input type="text"/>	N 67,001 to 68,000
15	<input type="text"/>	O 68,001 to 69,000
16	<input type="text"/>	P 69,001 to 70,000
17	<input type="text"/>	Q 70,001 to 71,000
18	<input type="text"/>	R 71,001 to 72,000
19	<input type="text"/>	S 72,001 to 73,000
20	<input type="text"/>	T 73,001 to 74,000
21	<input type="text"/>	U 74,001 to 75,000
22	<input type="text"/>	V 75,000 +
23	<input type="text"/>	
24	<input type="text"/>	

Part II

Summary of Reported Vehicles

a Total number of reported vehicles	a	
b Enter the total number of taxable vehicles on which the tax is suspended (category W)	b	
c Total number of taxable vehicles. Subtract line b from line a	c	

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 112500

Schedule 1 (Form 2290) (Rev. 7-2018)

DOT/CARRIER LEASE

AGREEMENT

REQUIREMENTS

****We are no longer allowed to accept one page lease agreements!****

The lease agreement must include:

- Names & Signatures of both the Lessor and Lessee
- Begin and End Dates of the lease, or language stipulating that lease is in effect until cancelled.
- Vehicle/Equipment information (e.g., VINs of all the vehicles being registered/insured)
- Name of person responsible for vehicle safety (Motor Carrier Responsible for Safety)
- ALL Terms and Conditions must be incorporated! Including, but not limited to: Insurance, Carrier Responsible for Safety, Compensation & Payment Period, etc.



Division of Motorist Services
Bureau of Commercial Vehicle and Driver Services

**POWER OF ATTORNEY (POA)
AND AFFIDAVIT OF AUTHORIZED AGENT**

PART 1 – POWER OF ATTORNEY

Florida based carriers with International Registration Plan (IRP) and/or International Fuel Tax Agreement (IFTA) accounts may authorize agents to perform transactions on their behalf by Power of Attorney (POA), using this form.

In accordance with Chapter 709, Florida Statutes, this form must be signed by the principal (the IRP registrant/ IFTA licensee) in the presence of two witnesses and before a notary public. The Bureau of Commercial Vehicle and Driver Services will only accept the original, signed and notarized document (not a photocopy or other facsimile). By signing this POA, the IRP registrant/IFTA licensee expressly revokes any and all previously executed POAs on file with the Bureau, as provided in Section 709.2110, Florida Statutes.

Section 1. Registrant/Licensee (Principal)

Account Name:_____	The name and FEIN entered on this POA must match the name and FEIN on the IRP and IFTA accounts referenced below:
FEIN:_____	
Telephone Number:(_____)_____	
Email Address:_____	
	IRP Account Number:_____
	IFTA Account Number:_____

Section 2. Authorized Agent(s)

The individual or individuals (natural persons) named below are my authorized representatives. NOTE: Only three authorized agents may be designated at a time and all must be affiliated with the same Carrier Service Provider, if applicable. Each authorized agent must complete Part II of this form:	
Print Name:_____	Contact Telephone: (_____)_____
Email Address:_____	
Print Name:_____	Contact Telephone: (_____)_____
Email Address:_____	
Print Name:_____	Contact Telephone: (_____)_____
Email Address:_____	
Name of Carrier Service Provider that employs or contracts with the agents listed above (if applicable): _____	
Note: To designate the mailing address of the Carrier Service Provider for all IRP/IFTA correspondence and credentials, registrants/licensees or one of their authorized agents must submit a Change of Address form (HSMV 85041).	

Name of Account: _____

FEIN: _____

Section 3. Acts Authorized by the Registrant/Licensee (Principal)

I authorize the agent(s) named in Section 2 to transact on my behalf with respect to both my International Registration Plan (IRP) and my International Fuel Tax Agreement (IFTA) accounts, which I have listed in Section 1. This authority applies specifically to the following:

- Completion and submission of IRP/IFTA transactional forms on which the accountholder is not required to sign an attestation,
- Completion and submission of IFTA Quarterly Tax Returns,
- Making payments on behalf of the accountholder,
- Receiving IRP and IFTA credentials on behalf of the account holder, and
- Representing the accountholder in audit and/or collection matters.

Under penalties of perjury, I affirm that I am authorized to execute this Power of Attorney and I declare that the information in the foregoing Sections 1 and 2 are true and correct.

Signature of Principal: _____ Title: _____ Date: _____

Printed Name of Principal: _____

☐ Registrant/Licensee/Sole Proprietor ☐ Corporate Officer of Carrier Company holding account **(WITH SUNBIZ REGISTRATION)** ☐ Partner in Carrier Company holding account **(WITH SUNBIZ REGISTRATION AND AUTHORITY TO ACT ON BEHALF OF PARTNERSHIP)**

Signature of First Witness

Signature of Second Witness

Printed Name of First Witness

Printed Name of Second Witness

TO BE COMPLETED BY A NOTARY:

STATE OF FLORIDA
COUNTY OF _____

Sworn to (or affirmed) and subscribed before me this _____ day of _____,
by

(name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced
Identification

Type of Identification Produced

Name of Account: _____

FEIN: _____

PART II – AFFIDAVIT OF AUTHORIZED AGENT

STATE OF FLORIDA

COUNTY OF _____

Before me, the undersigned authority, personally appeared _____
who swore or affirmed that: (Affiant)

1. Affiant is the agent named in the Power of Attorney executed by _____
on (insert date) _____. (Principal)

2. This Power of Attorney is currently genuine, valid and exercisable by Affiant. The principal is domiciled in _____
(insert state, territory, or foreign country).

3. To the best of the Affiant's knowledge after diligent search and inquiry:

- The Principal is not deceased;
- Affiant's authority has not been suspended by initiation of proceedings to determine incapacity or to appoint a guardian or guardian advocate;
- Affiant's authority has not been terminated by the filing of an action for dissolution or annulment of Affiant's marriage to the principal, or their legal separation; and
- There has been no revocation, partial or complete termination of the Power of Attorney or of Affiant's authority.

4. Affiant is acting within the scope of authority granted in the Power of Attorney.

5. Affiant is the successor to any predecessor agent(s), who has resigned, died, become incapacitated, is no longer qualified to serve, has declined to serve as agent, or is otherwise unable to act, if applicable.

6. Affiant agrees not to exercise any powers granted by the Power of Attorney if Affiant attains knowledge that it has been revoked, partially or completely terminated or suspended, or is no longer valid because of the death or adjudication of incapacity of the Principal.

(Signature of Affiant)

TO BE COMPLETED BY A NOTARY:

Sworn to (or affirmed) and subscribed before me this _____ day of _____,
by:

(name of person making statement)

(Signature of Notary Public - State of Florida)

(Print, Type, or Stamp Commissioned Name of Notary Public)

Personally Known OR Produced Identification

(Type of Identification Produced)

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INSTRUCTIONS FOR FORM HSMV 96440 (rev. 2/14/2020), POWER OF ATTORNEY

GENERAL INFORMATION

- Only one POA form is needed per customer. It will apply to both the IRP & IFTA account.
- Only a natural person may be an authorized agent, as per Chapter 709, Florida Statutes. **The customer may NOT designate a carrier services company** but may designate a **maximum of three individuals** who work for the same carrier services company.
- By executing the POA, the customer delegates all authorized acts listed on Page 2 to all authorized agents designated on Page 1, who shall have equal authorized agent status.
- At least one designation should be given to an individual who may need to interact in person with an IRP walk in office on behalf of the customer, even for courier purposes.
- The customer's **Account Name and the FEIN** must be on EVERY page of the POA.
- The Bureau only accepts the **original, signed, and notarized** POA form. Submit the POA in person to an IRP walk in office or mail to the Bureau of Commercial Vehicle and Driver Services, 2900 Apalachee Parkway, Mail Stop 62, Tallahassee, FL 32399-0626.
- Part I and Part II of the form may be completed separately but must be submitted together or the POA form will not be accepted and will have to be re-submitted in full.
- When an updated POA is submitted, any and all previously submitted POAs are voided.

PART I – POWER OF ATTORNEY

- Section 1: The customer who holds the IRP or IFTA account (IRP registrant and/or IFTA licensee) is the “principal”. Make sure all customer information in Section 1 is accurate.
- Section 2: The designation of just one individual is all that is required. If more than one agent is listed, they should all be affiliated with the same carrier services company and that carrier services company's name and business mailing address should be provided.
- Section 3: Fill in Name of Account and FEIN on top of the page. The customer (either the registrant/licensee or the appropriate corporate officer of the customer's company) must sign the POA **in the presence of**: two witnesses AND a public notary (the notary may serve as one of the witnesses). The notary should print the name of the signing customer (principal) on the line for "Name of Person Making Statement". The notary may be an employee of the carrier services company but cannot be a corporate officer or owner/co-owner of the carrier services company, nor an agent designated in Section 2 of the same POA form.

PART II – AFFIDAVIT(S) OF AUTHORIZED AGENT(S)

- Fill in Name of Account and FEIN on the top of every affidavit that is completed.
- Each authorized agent is an “affiant” and must sign Part II (on the line following the 6th statement). Make additional copies of Part II (page 3 of the POA form) as needed.
- The signature of each authorized agent must be notarized. The notary should print the name of the signing agent on the line for “Name of Person Making Statement”.