

# Instructions

## **Sunshine State Tag Agency**

2820 54<sup>th</sup> Ave. S.  
Saint Petersburg, FL 33712  
Phone: (727) 290-4203  
Fax: (727) 866-3088  
E-mail: [irp@sunshinestate.com](mailto:irp@sunshinestate.com)

## **Forms of payment:**

Cash, money order, cashier check,  
Com-check, T-check, EFS-check, debit  
for a \$2.00 fee, or credit for an  
additional fee of 3.25% of the total  
bill.

## **Payments are payable to:**

**Sunshine State Tag Agency**  
Our fee of **\$40.00** per truck  
will be added to all transactions.

Our office opens at 8:30 a.m. Please try to be in our office as early as possible and before noon to allow the needed time required to process the transaction. This will allow the time to review, correct or obtain the needed documents so that you may be able to receive your plate the same day.

**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](mailto:irp@sunshinestate.com) or [www.flhsmv.gov](http://www.flhsmv.gov)

## **ORIGINAL**

- ✓ **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. Only an officer of the corporation or the account holder may sign this application. **(PLEASE SEE ATTACHED)**
- ✓ **Proof of insurance with all FL requirements** \$750,000 or more in combined single limit liability (may need to come from the out of state carrier), \$10,000 PIP/ Personal Injury Protection (may need a bobtail policy if you are leased to an out of state carrier), the full VIN # of the truck, and the certificate holder. **(PLEASE SEE ATTACHED)**
- ✓ **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
- ✓ **Previous registration or non-use affidavit** if the vehicle was purchase prior to the first day of the month being registered.
- ✓ **Lease Agreements** only if the title holder or carrier does not match the account holder. Please make sure to follow all FMCSA requirements. **(PLEASE SEE ATTACHED)**
- ✓ **RKA** record keeping agreement. **(PLEASE SEE ATTACHED)** *Original document has to be mailed in*
- ✓ **Three proofs** of physical address from state approved list. The proofs must be current within the last 60 days. **(PLEASE SEE ATTACHED)**
- ✓ **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)** *Original document has to be mailed in*



## **ORIGINAL APPLICANT CHECKLIST FOR STATE OF FLORIDA INTERNATIONAL REGISTRATION PLAN**

This checklist is to help new IRP applicants make sure they have all required Department forms and supporting documents needed to set up an IRP Account and register their vehicles.

If viewing this checklist electronically, click on the link for each referenced form. IRP forms are in PDF fillable format for typing purposes. However, entries cannot be saved. (Print out the completed form before exiting.)

All IRP forms are available online, at [www.flhsmv.gov](http://www.flhsmv.gov). Enter the form number in the search box at the top of the screen. If you do not know the form number., enter "IRP" in the search box to find our IRP webpages. Click on **Forms and Manuals** (menu is on the right). If completing forms by hand, please use ink and write legibly. All completed forms must be signed and, in specific cases, notarized. Mail all required forms and supporting documents to the address at the end of this checklist, unless submitting in person at an IRP service center.

- IRP APPLICATION (HSMV 85900) & INSTRUCTION BOOKLET (IRP Application Instructions)**  
Fully complete and sign the application using the Instruction Booklet for detailed guidance. The type of application for first time applicants is ORIGINAL. **NOTE:** Applicants must sign the application. Service agent or Power of Attorney signatures are NOT acceptable on the application.
  
- PROOF OF PREVIOUS REGISTRATION**  
Unless the vehicle being registered was purchased or acquired within the same month as the date of the IRP registration application, proof of previous registration is required. The following proofs are acceptable:
  - Previous registration from another jurisdiction which is valid for the period immediately preceding the effective date of the Florida IRP registration; or
  - Previous Florida straight plate registration or vehicle information that can be verified on our database; or
  - A non-use affidavit, on which the applicant certifies that the vehicle was not in use for the period from the previous registration (or purchase) until the effective date of the Florida IRP registration. When needed, the Bureau will provide this form to the applicant.
  
- U.S. DOT NUMBER AND FEDERAL EMPLOYER IDENTIFICATION NUMBER (FEIN)**  
IRP applicants must have a valid U.S. DOT number and operating authority from the Federal Motor Carrier Safety Administration (FMCSA). FMCSA also requires that U.S. DOT number and operating authority records be updated every two years or any time carriers change their business name or address. Updates should be done online whenever possible but may be done manually by submitting a federal Form MCS-150 to FMCSA. For questions on obtaining and maintaining a U.S. DOT number, contact FMCSA at 800-832-5660 or go online at [www.fmcsa.dot.gov](http://www.fmcsa.dot.gov). An FEIN may also be obtained online by applying to the Internal Revenue Service at <https://www.irs.gov/businesses/small-businesses-self-employed/apply-for-an-employer-identification-number-ein-online>.
  
- MOTOR CARRIER RESPONSIBLE FOR SAFETY**  
The federal motor carrier safety program known as PRISM (Performance and Registration Information Systems Management) requires that every IRP registered vehicle have an assigned Motor Carrier Responsible for Safety. For each vehicle, the applicant must enter the U.S. DOT number and the corresponding Tax Payer Identification Number of the carrier responsible for vehicle safety on the IRP Application (under the VEHICLE INFORMATION section of Schedule A). To protect personal

identifying information, it is suggested that the tax payer identification number provided on the application be an FEIN (to avoid use of a Social Security Number, when possible).

- **COPY OF SIGNED LEASE AGREEMENT** This is required if someone other than the applicant is responsible for the insurance coverage and/or the safety of the vehicle(s) being registered. It is also required if the applicant and the vehicle owner are different. A copy of the entire document is needed for examination.

- **PROOF OF OWNERSHIP** Submit proof from the appropriate list below:

#### **Vehicle Ownership in Florida**

- Copy of current Florida registration; or
- Copy of Florida Title Receipt from the local tax collector office where the vehicle was titled

#### **Vehicle Ownership Out of State**

- A copy of the front and back of the out-of-state title (or of the receipt for an electronic title) and
- A completed Florida Form [HSMV 82042](#) (VIN verification). In addition, one of the following:
  - A current statement confirming there is an outstanding lien on the described vehicle and that the title will not be released until this lien is satisfied, on letterhead stationery from the lien holder; or
  - A copy of the entire signed lease agreement that is currently in place.

- **VERIFICATION OF ESTABLISHED PLACE OF BUSINESS OR RESIDENCE**

IRP requires that applicants have, or be leased on to a carrier who has, an “established place of business” in the state in which they are basing their IRP registration. However, IRP defines an established place of business as a physical structure owned, leased, or rented by the applicant or registrant, which is open during normal business hours and staffed by employee(s) of the applicant/carrier on a permanent basis to manage the business and answer inquiries. The operational records of the fleet shall be maintained at this location unless they can be otherwise made available. Applicants who do not have an established place of business in Florida (as defined by IRP) may still register in Florida if they can prove they are a resident. Proof of a physical location address (of the business or residence) is required and must display the name of the applicant/registrant, as well as the physical location address. Supporting documents must also be current (as described below). If the physical address belongs to the carrier to whom the applicant is leased on, a copy of the entire lease agreement is also required.

#### **Established Place of Business in Florida**

- **Required:** Copy of a document (displaying the business FEIN) that was issued within the last 90 days and that shows the business employs at least one individual. For example, a bank-issued payroll tax withholding account statement or a paystub issued to an employee of the business. A copy of the W-2 form issued by the business for the most recent tax year is also acceptable. In addition, any two of the following:
- Copy of a document issued by the Florida Department of State/Division of Corporations, showing applicant’s business is an active Florida corporation, limited liability company, etc.; applicant is principal owner of an active Florida corporation, limited liability company, etc.; or applicant’s carrier company is currently registered to conduct business as a foreign corporation in Florida;
- Receipt issued by FL Department of Revenue for filing/paying corporate taxes in most current tax year;
- Active business or occupational license issued by a Florida municipality or county;
- Property tax assessment issued to the business for the most current tax quarter or year;
- Utility bill issued to the business within the last 90 days; and/or

- Bank statement issued to the business within the last 90 days.

### **Residence in Florida**

- **Required:** The applicant’s unexpired Florida driver’s license or Florida identification card. In addition, two of the following:
  - Receipt issued by the IRS for filing/paying federal income taxes in the most current tax year;
  - Bank statement issued to the registrant within last 90 days;
  - Utility bill issued to the registrant within the last 90 days;
  - Real estate or property tax bill issued to the applicant in the most current tax year; and/or
  - The applicant’s Florida vehicle title or Florida vehicle registration for a vehicle titled in Florida.

#### **PROOF OF PAYMENT OF FEDERAL HEAVY VEHICLE USE TAX**

For vehicles with a gross vehicle weight (GVW) of 55,000 pounds or more, submit a legible copy of Federal Form 2290, Schedule 1, stamped paid from the Internal Revenue Service, or submit a copy of the Federal Form 2290, Schedule 1 (not stamped), with the front and back of the cancelled check showing payment was made. If filed electronically, submit a copy of the Form 2290, Schedule I, showing the water mark receipt.

**NOTE:** If adding a vehicle that was purchased less than 60 days prior to registration, the applicant may present a photocopy of the bill of sale or another document that is evidence that a title transfer and purchase took place within 60 days prior to the date the IRP application was submitted.

#### **PROOF OF INSURANCE COVERAGE** Applicants must be insured for Combined Bodily Injury Liability and Property Damage Liability (Combined Single Limits or CSL) in the amount required by section 627.7415, Florida Statutes, and for Personal Injury Protection (PIP) in the amount required by section 627.733 Florida Statutes. (**NOTE:** Proof of CSL and PIP is required, outside of any Bobtail or Non-Trucking coverage the applicant carries). Below are proofs (original or copy) the Department accepts:

- Certificate of Liability Insurance also referred to as a COI. This form must show the policy number and levels of insurance coverage including Personal Injury Protection (PIP);
- The ACORD form, which is a type of Certificate of Liability Insurance form. PIP coverage should be shown on the ACORD form. The ACORD form is pre-printed with a standard clause in the “Cancellation” box at the bottom right of the form;
- Certificate of self-insurance issued by the department’s Bureau of Financial Responsibility;
- Form E, Uniform Motor Carrier Bodily Injury and Property Damage Liability Certification of Insurance, as determined by the National Association of Regulatory Utilities Commissioners and promulgated pursuant to the provisions of section 202(b)(2) of the Interstate Commerce Act. (49 U.S.C., Sec. 302 (b)(2).);
- Proof of self-insurance with the Federal Motor Carrier Safety Administration;
- Policy which provides the required coverage;
- Insurance policy binder; or
- Certificate of insurance issued on insurance form (must reflect policy number and coverage levels); **NOTE:** The Department must be listed as the certificate holder:  
HSMV-BCVDS  
2900 Apalachee Parkway, Mail Stop 62  
Tallahassee, Florida 32399-0626
- In lieu of the above: depositing a surety bond with the Department issued by a surety company authorized to do business in Florida or a combination of a surety bond and insurance policy which satisfies the requirements of section 320.02(5)(e), Florida Statutes.

#### **RECORD KEEPING AGREEMENT (HSMV 85017)**


Under the International Registration Plan, detailed records must be prepared and maintained for all operations performed in each jurisdiction. The applicant or an authorized officer of the applicant’s

company must sign the Record Keeping Agreement to acknowledge their understanding of this requirement. Signatures of designated agents are NOT acceptable. (Applicant should keep a copy.)

- POWER OF ATTORNEY (HSMV 96440)** if applicable  
Applicants may designate up to three natural persons (not a company) to serve as their authorized representative (collecting information; completing and submitting forms and documents; receiving credentials on behalf of the IRP accountholder, etc.). Before any agent(s) may transact on their behalf, applicants must file a properly signed, witnessed, and notarized Power of Attorney form.
- PAYMENT OF IRP REGISTRATION FEES**  
Registration fees are calculated after the IRP application is processed. Normally, annual registration fees are based on the number of miles travelled in each jurisdiction during the applicable reporting period. Therefore, applicants with previous IRP registration in another base jurisdiction will be required to report the actual miles they accrued on Schedule B of the application. However, if an original applicant does not have any actual miles to report on Schedule B, the registration fees will be calculated based on the "Average Per Vehicle Distance" reported by other Florida carriers for the applicable reporting period. **NOTE:** New applicants and first-time renewing applicants will be required to pay with **guaranteed funds**, such as a money order, certified check, or cash (checks from a personal or business bank account are not accepted for the first two years).
- OBTAINING AN IFTA LICENSE**  
For motor carriers regularly engaged in interstate operations, it may be more practical to obtain a license under the International Fuel Tax Agreement (IFTA) than to purchase a temporary fuel use permit from each jurisdiction in which they will operate outside of Florida. To apply for an IFTA license, complete and sign the IFTA application/decal order form ([HSMV 85008](#)). Be sure to use the **same name and FEIN** that was used on the IRP application. There is no application fee for IFTA, but you must purchase one set of IFTA decals for each vehicle. Decals are \$4.00 a set. Submit the IFTA application/decal order and payment to the address at the bottom of this checklist.
- MAINTAINING AN IRP ACCOUNT ONLINE ("E-FILE")**  
IRP registrants may register to use the E-File system, which offers certain IRP services online. To get started, submit a completed E-File Request form ([HSMV 85083](#)) by email, to [MCSServiceCompanying@flhsmv.gov](mailto:MCSServiceCompanying@flhsmv.gov). The online system allows established IRP registrants to renew their registration, add vehicles, transfer tags, order duplicate cab cards, and make payments electronically. E-File is also available to IFTA licensees for filing motor fuel tax returns, paying taxes online, and ordering IFTA decals.
- Use the address below when mailing forms and supporting documents required for IRP registration:

**Bureau of Commercial Vehicle and Driver Services  
2900 Apalachee Parkway, MAIL STOP 62  
Tallahassee, Florida 32399-0626**

FOR QUESTIONS ABOUT IRP REGISTRATION AND LOCATING AN IRP SERVICE CENTER, CONTACT:  
**(850) 617-3711**

<b>APPLICANT INFORMATION ONLY</b>				PLEASE TYPE OR PRINT WITH INK				REGISTRATION YEAR:			
<b>FULL NAME:</b>				<b>INTERNATIONAL REGISTRATION PLAN</b> <b>FLORIDA APPLICATION SCHEDULE A</b>  DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES BUREAU OF COMMERCIAL VEHICLE AND DRIVER SERVICES (BCVDS) 2900 Apalachee Parkway, MS-62 Tallahassee, Florida 32399-6552 Telephone (850) 617-3711				<b>TYPE OF OPERATION</b> ↓ (Select one choice): PRIVATE CARRIER (OWNS GOODS BEING TRANSPORTED) FOR HIRE CARRIER      HOUSEHOLD GOODS CARRIER ARE YOU AN EXEMPT COMMODITY CARRIER?    YES      NO			
<b>FLORIDA PHYSICAL ADDRESS:</b> DO NOT USE P. O. BOX OR "MAIL ONLY" STREET ADDRESS		APT/UNIT #	CHECK <input checked="" type="checkbox"/> <b>ONE:</b> <b>BUSINESS</b> <input type="checkbox"/> RESIDENCE					CITY:		COUNTY:	
IF APPLICANT IS A COMPANY (NOT A NATURAL PERSON) USING A FLORIDA RESIDENTIAL ADDRESS, PROVIDE NAME OF RESIDENT (OWNER OR OFFICER):				<b>TYPE OF APPLICATION</b> ↓ (Check <input checked="" type="checkbox"/> as applies): ORIGINAL                      TRANSFER RENEWAL                      INCREASE WEIGHT ADD FLEET                      FLEET TO FLEET TRANSFER ADD VEHICLE                      CORRECTION ↓ (Specify Below)				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:			
IRP ACCOUNT NUMBER:				FLEET NUMBER:				↓ ↓ <b>VEHICLE INFORMATION</b> ↓ ↓ ↓ <b>COLORADO LOW MILEAGE</b> –Check (✓) the <b>COLO. LOW MILES</b> column for any vehicle traveling in Colorado that will travel less than 10,000 miles total in all jurisdictions.			

<b>TRANSACTION TYPES:</b> A – ADD VEHICLE    C – CORRECTION D – DELETE VEHICLE    O – ORIGINAL R – RENEWAL	<b>VEHICLE TYPES:</b> TT – TRUCK TRACTOR    TK – TRUCK (SINGLE) TR – TRACTOR                      BS – BUS	<b>FUEL TYPES:</b> D – DIESEL    G – GAS    P – PROPANE
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TRANSACTION TYPE	OWNER'S UNIT NUMBER	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	TYPE	# of AXLES POWER UNIT	# of AXLES TRAILER	BUS SEATS	FUEL	↑ COLO. LOW MILES	COLOR	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?	
										<input type="checkbox"/>									YES <input type="checkbox"/>	NO <input type="checkbox"/>
										<input type="checkbox"/>									YES <input type="checkbox"/>	NO <input type="checkbox"/>
										<input type="checkbox"/>									YES <input type="checkbox"/>	NO <input type="checkbox"/>
										<input type="checkbox"/>									YES <input type="checkbox"/>	NO <input type="checkbox"/>
										<input type="checkbox"/>									YES <input type="checkbox"/>	NO <input type="checkbox"/>
										<input type="checkbox"/>									YES <input type="checkbox"/>	NO <input type="checkbox"/>

<b>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.</b>	<b>NAME OF CONTACT FOR THIS ACCOUNT:</b> _____
<b>↑ APPLICANT'S SIGNATURE (REQUIRED) ↑</b>	<b>EMAIL ADDRESS TO BE USED FOR THIS ACCOUNT:</b> _____
PRINTED NAME ↑	<b>MAILING ADDRESS TO BE USED FOR THIS ACCOUNT:</b> _____
TITLE:	CITY: _____ STATE: _____ ZIP CODE: _____
DATE:	PRIMARY TELEPHONE FOR THIS ACCOUNT: _____
	CHECK IF CONTACT IS CARRIER'S SERVICE PROVIDER <input type="checkbox"/> CHECK IF CONTACT IS CARRIER'S EMPLOYEE <input type="checkbox"/>
	NAME OF CARRIER SERVICE PROVIDER COMPANY (if applicable): _____

## SCHEDULE B – MILEAGE INFORMATION AND WEIGHT

**UNITS LISTED WILL BE AUTHORIZED TO OPERATE AT THE WEIGHTS LISTED BELOW**

**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  NO  (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.**

- 3 PROOFS OF ESTABLISHED PLACE OF BUSINESS OR RESIDENCE**  
Required for new account or whenever Florida physical address changes
- 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
- PROOF OF BODILY INJURY/PROPERTY DAMAGE LIABILITY INSURANCE WITH PIP**
- PROOF OF PAYMENT OF HEAVY VEHICLE USE TAX**
- COPY OF LEASE, IF APPLICABLE**
- Record Keeping Agreement (Required for new account)**

**TOTAL THE ACTUAL MILES LISTED ABOVE AND ENTER HERE ➔**

**PLEASE DO NOT SEND MONEY WITH THIS APPLICATION. A BILL WILL BE CALCULATED AND MAILED TO YOU. APPLICATIONS ARE WORKED ON FIRST RECEIVED BASIS.**

**FOR ORIGINAL IRP APPLICATIONS ONLY:** Does this fleet and/or vehicle have any history of prior IRP registration in another jurisdiction? YES NO

If Yes, what jurisdiction?

Does this fleet and/or vehicles have any history of prior Florida IRP Registration? YES  NO

Has your registration ever been suspended or revoked? YES  NO



# CERTIFICATE OF LIABILITY INSURANCE

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

<b>PRODUCER</b>  Insurance Producer Name Insurance Producer Address	<table style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>CONTACT NAME:</b> Contact info from producer</td> </tr> <tr> <td style="width: 70%;"><b>PHONE (A/C, No, Ext):</b></td> <td><b>FAX (A/C, No):</b></td> </tr> <tr> <td colspan="2"><b>E-MAIL ADDRESS:</b></td> </tr> <tr> <td colspan="2" style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> </tr> <tr> <td colspan="2"><b>INSURER A : Progressive Insurance</b></td> </tr> <tr> <td colspan="2" style="text-align: right;"><b>NAIC #</b> 02962</td> </tr> <tr> <td colspan="2"><b>INSURER B :</b></td> </tr> <tr> <td colspan="2"><b>INSURER C :</b></td> </tr> <tr> <td colspan="2"><b>INSURER D :</b></td> </tr> <tr> <td colspan="2"><b>INSURER E :</b></td> </tr> <tr> <td colspan="2"><b>INSURER F :</b></td> </tr> </table>	<b>CONTACT NAME:</b> Contact info from producer		<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>	<b>E-MAIL ADDRESS:</b>		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>INSURER A : Progressive Insurance</b>		<b>NAIC #</b> 02962		<b>INSURER B :</b>		<b>INSURER C :</b>		<b>INSURER D :</b>		<b>INSURER E :</b>		<b>INSURER F :</b>	
<b>CONTACT NAME:</b> Contact info from producer																							
<b>PHONE (A/C, No, Ext):</b>	<b>FAX (A/C, No):</b>																						
<b>E-MAIL ADDRESS:</b>																							
<b>INSURER(S) AFFORDING COVERAGE</b>																							
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<b>NAIC #</b> 02962																							
<b>INSURER B :</b>																							
<b>INSURER C :</b>																							
<b>INSURER D :</b>																							
<b>INSURER E :</b>																							
<b>INSURER F :</b>																							
<b>INSURED</b>  Name of policy holder Address of policy holder																							

**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 & GOREGATE \$ 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? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N N/A				PER STATUTE    OTH-ER 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

<b>CERTIFICATE HOLDER</b>  Florida Department of Highway Safety & Motor Vehicles Neil Kirkman Building #A110 2900 Apalachee Parkway Tallahassee, Florida 32399	<b>CANCELLATION</b>  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 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

<b>Type or Print</b>	Name		Employer identification number					
	IRP Account name or Name listed on the title of the vehicle		□□-□□□□□□□□					
	Address (number, street, and room or suite no.) E-FILE at <a href="http://expresstrucktax.com">expresstrucktax.com</a>							
	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			

<b>Part I Vehicles You Are Reporting</b> (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"/>	

<b>Part II Summary of Reported Vehicles</b>		
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

# **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.

# NON-USE AFFIDAVIT

*For Motor Vehicles*



Division of Motor Vehicles  
BUREAU OF MOTOR CARRIER SERVICES  
Neil Kirkman Building – MS-62  
Tallahassee, Florida 32399-0626  
Telephone (850) 617-3711

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In accordance with Section 320.18, Florida Statutes, the undersigned hereby certifies the following facts regarding the vehicle described below, and that said motor vehicle has not been operated upon the public highways of Florida for the periods specified:

IRP ACCOUNT NAME: \_\_\_\_\_

IRP ACCOUNT NUMBER: \_\_\_\_\_

VEHICLE MAKE: \_\_\_\_\_ YEAR: \_\_\_\_\_

VEHICLE IDENTIFICATION NUMBER: \_\_\_\_\_

VEHICLE WAS NOT OPERATED FROM: \_\_\_\_\_ THRU \_\_\_\_\_

**UNDER PENALTIES OF PERJURY, I DECLARE THAT I HAVE READ THE FOREGOING DOCUMENT AND THAT THE FACTS STATED IN IT ARE TRUE.**

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

NOTE: If a vehicle was required to be registered during the previous registration period and renewal application is made after the third month of the current registration period, a non-use affidavit may be used to prorate the license tax for the remaining months of the current period.

A non-use affidavit may not be used to exempt payment of any delinquent fee for a current registration period.

OUR MISSION  
PROVIDING HIGHWAY SAFETY AND SECURITY THROUGH EXCELLENCE IN SERVICE, EDUCATION, AND ENFORCEMENT

OUR VISION  
A SAFER FLORIDA!



**RECORD KEEPING AGREEMENT**  
(Not to be signed by Agents or Powers of Attorney)

As a Florida-based registrant under the International Registration Plan (IRP) or licensee under the International Fuel Tax Agreement (IFTA), you are required to keep **detailed records of your operations** in each jurisdiction. These records must support the mileage reported for IRP registration purposes and/or the mileage and fuel purchased/placed in propulsion tanks as reported on IFTA tax returns. All information is subject to verification and, **if found inadequate, WILL result in additional fees and/or financial penalties.** Records may be kept in paper or electronic format, and, if requested, must be made available for audit purposes. More information and specific requirements related to record keeping can be found in Section P500 of the IFTA Procedures Manual and Sections 1000, 1005 and 1010 of the IRP Plan.

**DISTANCE RECORDS REQUIRED TO BE MAINTAINED (IFTA & IRP):** Driver trip sheets or Individual Vehicle Distance Records (IVDR) for each IFTA qualified vehicle **MUST** be maintained and **MUST INCLUDE** the following:

- ✓ Date(s) of trip (starting and ending)
- ✓ Trip origin and destination
- ✓ Route of travel (highway numbers)
- ✓ Beginning and Ending odometer/hub odometer readings for trip
- ✓ Distance (trip miles/kilometers) traveled in each jurisdiction
- ✓ Total Distance (trip miles/kilometers)
- ✓ Power Unit number or vehicle identification number
- ✓ Registrant/Licensee name

**FUEL RECORDS REQUIRED TO BE MAINTAINED (IFTA Only):** Evidence of taxes paid on fuel purchased and pumped into each IFTA qualified vehicle **MUST** be maintained.

**OVER THE ROAD FUEL PURCHASES:** Unaltered vendor-generated receipts, invoices, credit card receipts, or automated transaction listings **MUST** be maintained in order to receive credit on your IFTA tax return for taxes already paid. All fuel receipts/invoices **MUST INCLUDE** the following:

- ✓ Date of Purchase
- ✓ Name and Address of seller
- ✓ Number of gallons/liters purchased
- ✓ Type of fuel purchased
- ✓ Price per gallon/liter or total amount of sale
- ✓ Unit number or vehicle identification number
- ✓ Driver/purchaser's name
- ✓ **PREPAID FUEL RECEIPTS/INVOICES ARE NOT ACCEPTABLE**

**BULK STORAGE FUEL PURCHASES/WITHDRAWALS:** Fuel delivery tickets/receipts showing taxes paid, bulk fuel meter readings, inventory measurements, and monthly reconciliations **MUST** be maintained. In addition, the following information **MUST BE INCLUDED:**

- ✓ Date of Withdrawal
- ✓ Number of gallons/liters withdrawn
- ✓ Driver/purchaser' signature
- ✓ Unit Number or vehicle identification number

**SUMMARIES REQUIRED (IFTA and IRP):**

- ✓ **Monthly Summaries** recapping (by each individual vehicle) the miles/kilometers traveled in each jurisdiction; the total fleet miles/kilometers; and (for IFTA) all tax paid fuel (both over the road and bulk withdrawals) placed in the propulsion tank of each IFTA qualified motor vehicle.
- ✓ **Quarterly Summaries** recapping the miles/kilometers traveled in each jurisdiction; total fleet miles/kilometers; and (for IFTA) all tax paid fuel (both over the road and bulk withdrawals) placed in the propulsion tank of all IFTA qualified motor vehicles.
- ✓ **Yearly Summaries** (for IRP only) of the distance (mileage) information that was used to prepare your IRP renewal. Use the information from the quarterly recaps. The yearly summary must support your actual miles/kilometers reported for the mileage reporting period.

**HOW LONG ARE RECORDS REQUIRED TO BE KEPT?**

- ✓ IRP records supporting a particular registration year must be kept for four (4) years after the end of that registration year.
- ✓ IFTA records supporting each quarterly tax return must be kept for four (4) years from the tax return due date or filing date, whichever is later.

I certify I have read the above information, and I agree to prepare, maintain, and make available all records required under IRP and IFTA. I understand that failure to keep the required records may result in my owing additional taxes; my being assessed substantial penalties and interest; and/or my IRP and/or IFTA credentials being cancelled, suspended, or revoked.

Carrier Name (Printed): \_\_\_\_\_ Title: \_\_\_\_\_  
 Carrier Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 IFTA Account Number: \_\_\_\_\_ IRP Account Number: \_\_\_\_\_

**STATE OF FLORIDA**  
**COUNTY OF \_\_\_\_\_**

The above has been sworn to (or affirmed) and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by:

(Print, Type or Stamp Commissioned) Name of Notary	Signature of Notary _____
Seal	<input type="checkbox"/> Personally Known <input type="checkbox"/> Produced Identification Type of Identification Produced:

## INSTRUCTIONS FOR UPDATING THE PHYSICAL ADDRESS CURRENTLY ON FILE

Complete and sign Form 85041 (reverse side); make payment for each vehicle requiring a new cab card; and submit three proofs of the new physical address from the applicable list below.

Each document must display **registrant's name** (the individual or the business, if applicable) and the **new physical address**. All three documents must be from the same list. Legible copies are accepted.

Note: If the registrant is a business, the Florida business address will be used for registration purposes only if it meets all the requirements of an "established place of business" as defined by the International Registration Plan (Article II, Definitions). Otherwise, the Florida residential address of the principal business owner must be verified and will be used as the physical address for registration purposes.

### Established Place of Business in Florida

1. **Required:** Copy of a current document showing the business employs at least one individual. For example, a payroll tax withholding account statement (issued by bank within last 90 days); an employee pay stub (issued within last 90 days); or the W-2 form the business sent to the IRS for the last tax year. Document must also include the business FEIN. **In addition, any two of the following:**
2. Copy of a document issued by the Florida Department of State/Division of Corporations, showing registrant's business is an active Florida corporation, limited liability company, etc.; registrant is principal owner of an active Florida corporation, limited liability company, etc.; or registrant's carrier company is currently registered to conduct business as a foreign corporation in Florida.
3. Receipt issued by FL Department of Revenue for filing/paying corporate taxes in most current tax year.
4. Active business or occupational license issued by a Florida municipality or county.
5. Property tax assessment issued to the business for the most current tax quarter or year.
6. Utility bill issued to the business within the last 90 days.
7. Bank statement issued to the business within the last 90 days.

***If registrant does not have or is not an Established Place of Business in Florida (as defined by IRP), the registrant (individual or principal owner of the business) must demonstrate Florida residency:***

### Residence in Florida

1. **Required:** Registrant's (unexpired) Florida driver's license or Florida identification card.
2. IRS receipt issued to the registrant for filing/paying federal income taxes in the most current tax year.
3. Bank statement issued to the registrant within last 90 days.
4. Utility bill issued to the registrant within the last 90 days.
5. Real estate or property tax bill issued to the registrant in the most current tax year.
6. The registrant's Florida vehicle title or Florida vehicle registration for a vehicle titled in Florida.



**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: _____ FEIN: _____ Telephone Number: (_____) _____ Email Address: _____	The name and FEIN entered on this POA must match the name and FEIN on the IRP and IFTA accounts referenced below:  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: _____ Email Address: _____	Contact Telephone: (_____) _____
Print Name: _____ Email Address: _____	Contact Telephone: (_____) _____
Print Name: _____ Email Address: _____	Contact Telephone: (_____) _____
Name of Carrier Service Provider that employs or contracts with the agents listed above (if applicable): _____	
<p><b>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).</b></p>	

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 6<sup>th</sup> 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”.