❒ Add Vehicle
❒ Weight Increase
❒ Delete Vehicle
❒ Change of Ownership
❒ Name or Address Change

❒ Title Documentation Included
❒ Adding Jurisdiction
❒ Estimate documentation attached
❒ Use DMV Estimate Distance Chart
(Refer to IRP Manual for filing estimated distance)

State of Nebraska
International Registration Plan
Supplemental Application

Carrier/Fleet Number: _____

Supplement Number:_____

Section A

Name of Applicant	U.S. DOT Number	License Year
Address	Federal Identification/Social Security Number	
Person to Contact Regarding Application	Telephone Number ( )	Sales Tax Exempt Number

Section B

DECLARED JURISDICTIONAL WEIGHTS — List the Operating Weight for each jurisdiction for which registration is requested.

AB	AL	AR	AZ	BC	CA	CO	CT	DC	DE	FL	GA
IA	ID	IL	IN	KS	KY	LA	MA	MB	MD	ME	MI
MN	MO	MS	MT	NB	NC	ND	Nebraska	NH	NJ	NL	NM
NS	NV	NY	OH	OK	ON	OR	PA	PE	QC	RI	SC
SD	SK	TN	TX	UT	VA	VT	WA	WI	WV	WY	

Section C

ADDITIONS

	Equip. Number	Model Year	Make	Model	Vehicle Identification Number (VIN)	* Type	Bus HP	Axles/ Seats	** Fuel	Nebraska Combined Gross Weight	Gross Weight	Unladen Weight	Name of Owner/Lessor	Title Number	Purchase Price	Date of Purchase	Month Charged
1																	
Power unit identified above please fill out the following →						****USDOT*			*****SSN/EIN*		******Is the carrier responsible for safety expected to change during the year?* ❒ ❒						
Previous Registration:(for office use only)																	
2																	
Power unit identified above please fill out the following →						****USDOT*			*****SSN/EIN*		******Is the carrier responsible for safety expected to change during the year?* ❒ ❒						
Previous Registration:(for office use only)																	
3																	
Power unit identified above please fill out the following →						****USDOT*			*****SSN/EIN*		******Is the carrier responsible for safety expected to change during the year?* ❒ ❒						
Previous Registration:(for office use only)																	

Section D

DELETIONS

Apportioned License Plate Number	Deleted Equipment Number	Year	Make	Vehicle Identification Number	Licensed Weight	Added Equipment Number	Reason Removed	Date Sold/Lease Terminated	Month of Transfer (Office Use Only)

*Type
TT—Truck-Tractor
TR—Tractor
TK—Truck (Single)
ST—Semi-Trailer
FT—Full Trailer
BS—Bus

**Fuel
D—Diesel
G—Gasoline
P—Propane

Signature verifies that information is correct and that vehicle liability security is maintained

Date

Office Use Only
Postmark Date: _____
Tire Tax or Sales Tax Paid:_____
Title Fee:_____
Lien Fee:_____
Lost Cab Card:_____

***US DOT Number assigned to Vehicle
****EIN or SSN assigned to vehicle
*****Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year by lease?

Circle yes or no

REVISED 9/2010