



TEMPORARY IRP (TRIP) / (IFTA) FUEL PERMIT APPLICATION FORM

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APPLICANT DETAILS

COMPANY NAME:			
ADDRESS:			
PHONE:	FAX:		EMAIL:
CREDIT CARD #:		EXP DATE:	CVV CODE:

TRUCK DETAILS

UNIT#:	YEAR	MAKE	TYPE	FULL VIN#	PLATE #	ST/PROV	# AXLES
TRUCK REGISTERED WITH IFTA		YES	NO	(Found on vehicle registration/Ownership)			

TRAILER DETAILS

UNIT#:	YEAR	MAKE	TYPE	FULL VIN#	PLATE #	ST/PROV	# AXLES

LOAD DESCRIPTION

TRIP:	LOADED	EMPTY	LOAD WEIGHT:	OVER ALL WEIGHT (TRUCK/TRAILER & LOAD):
RGVW:		LOAD DETAILS:		

REQUIRED PERMITS AND ROUTING

ORIGIN ADDRESS:
DESTINATION ADDRESS:
SPECIFY ROUTES (IF ANY):

ROUND TRIP?	YES	NO	IF YES, RETURN TRIP		LOADED	EMPTY	
DATE	STATE/ PROV	TRIP	FUEL	RETURN DATE	STATE/ PROV	TRIP	FUEL

AUTHORITIES

FID# OR FEIN#:	USDOT#:	NSC/CVOR:
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COMMENT BOX