



DIRECT

TRANSPORT

A Division of The DeLong Co., Inc.



Recruitment Information



Thank you for your interest in Direct Transport.

The following carrier packet contains information about the various programs and incentives we offer; you will also find a list of documents needed to for setup with DT.

If you have any questions during the process, please do not hesitate to contact our logistic team.

We look forward to working with you!

Mandi Clothier

Direct Transport - Manager

Office - (608) 676-2255 ext. 1151

amanda.clothier@dtdirecttransport.com

Brenda Kitzman

Direct Transport - Logistics

Office - (608) 676-2255 ext. 1291

BKitzman@delongcompany.com

Index

Lease-to-own Program	Pg. 4
Carrier Testimonial	Pg. 5
Trailer Rental	Pg. 6
Contracted Bushel Incentive Program	Pg. 7
Program Details	
Referral Bonus	Pg. 8
Bonus Details	
New Trucking Docs and Best Practices	Pg. 9
Wisconsin Motor Carrier Interstate Start-Up Packet Excerpt	Pg. 19
Please click here to access the full WI Motor Carrier Interstate Start-Up Packet, or find this document at:	
https://wisconsin.gov/Documents/dmv/com-drv-vehs/mtr-car-trkr/start-up-packet.pdf	



A Division of The DeLong Co., Inc.

Become Your Own Boss Today!

LEASE-TO-OWN PROGRAM BENEFITS



Drivers get paid automatically weekly



Run your own business - lease to own trucking operation



Low interest financing for tractors and hopper trailers



Choice of new or used equipment



Convenient repayment plan



Option for automatic deduction from earning to simplify your accounting



Convenient scheduling of loads



Own the equipment at the end of the program

FOR MORE DETAILS CONTACT:

Mandi Tracy - Manager

Email: Amanda.Tracy@dtdirecttransport.com

PO Box 552 Clinton, WI 53525

Office: 608.676.2255 ext. 1151 • Cell- 608-718-1665 • Skype-live: a.tracy80

dtdirecttransport.com

**"IT JUST SOUNDED WAY TOO GOOD TO BE TRUE. WHEN YOU DO
A LEASE PROGRAM WITH OTHER COMPANIES, THEY HAVE WAY
MORE CONTROL OVER YOU THAN WHAT I FEEL DT DOES.
THEY PAY WEEKLY, AND I GET TO BE MY OWN BOSS!"**



Direct Transport - Let's Talk!

Mandi Tracy, Manager

Amanda.tracy@dtdirecttransport.com

Office: 608.676.2255 ext. 1151

Brenda Kitzman

brenda.kitzman@dtdirecttransport.com

Office: 608.676.2255 ext. 1291



A Division of The DeLong Co., Inc.

Now Offering Trailer Rentals!



LOW COST TRAILER RENTAL with convenient weekly payment options!



SIMPLIFY YOUR ACCOUNTING with optional automatic deduction!



DETAILS: The customer will provide a Certificate of Insurance naming DeLco Transport, Inc. as the additional insured/loss payee with respect to the rented Trailer. The customer shall not use the Trailer for anything other than what Trailer is designed for.

Questions?

FOR MORE DETAILS CONTACT:

Mandi Tracy - Manager

Amanda.Tracy@dtdirecttransport.com

608.676.2255 x 1151



A Division of The DeLong Co., Inc.

CONTRACTED BUSHEL INCENTIVE PROGRAM



Carriers will receive a premium rate incentive for all bushels contracted with Direct Transport.



Contracts must be signed and completed within specified timeline to receive incentive.

Contact Direct Transport team for details:

Mandi Tracy - Manager

Amanda.Tracy@dtdirecttransport.com

608.676.2255 x 1151

Brenda Kitzman

brenda.kitzman@dtdirecttransport.com

608.676.2255 x 1291

\$1,000

REFERRAL BONUS

ELIGIBILITY: Anyone currently hauling for Direct Transport may refer another driver to Direct Transport's equipment financing program.

To earn the \$1,000 referral bonus:

Contact Mandi Tracy to submit your referral. Mandi may be reached at 608-676-2255 or Amanda.Tracy@DTDirectTransport.com.

Haul for Direct Transport for the six (6) months following the date the referred party enters into an equipment financing arrangement with Direct Transport.

TERMS and CONDITIONS:

One referral per driver.

The referred party cannot be a current hauler.

Drivers cannot refer themselves or co-workers at the driver's place of employment.

If you have questions regarding the referral bonus or our equipment Financing program, please contact Mandi Tracy at 608-676-2255 or Amanda.Tracy@DTDirectTransport.com.

New Trucking Docs and Best Practice

Please review and complete the attached documents.

Insurance Requirements

The DT Direct Transport must be listed as the insurance certificate holder. Please see below for certificate holder details

DT Direct Transport

513 Front St

PO Box 552

Clinton WI 53525

General liability insurance with limits of not less than \$1,000,000 per occurrence combined single limit must name “shipper” additional insured for work conducted concerning this agreement.

Cargo insurance with limits equal to or greater than the value of cargo “carrier” hauls for “shipper” or a minimum of \$25,000 cargo insurance. Shipper to be named loss payee.

Payments are processed weekly with Invoices due NO LATER THAN 10 AM TUESDAY MORNINGS; payments will be sent out via Check or ACH on Thursdays.

Requirements Checklist

- Trucking Agreement
- DT ACH Form
- W-9
- Workers comp waver (only required if you do not carrier worker comp.)
- Insurance cert
- Carrier Information Sheet (birth year is required for Lease to own applicants)



The DeLong Co., Inc.

608-676-2255 • PO Box 552 • CLINTON, WI 53525 • WWW.DELONGCOMPANY.COM

Contracted Transportation Agreement

Shipper/Carrier

This Agreement, made and entered into the _____ day of _____, 20_____, by and between The DeLong Co, Inc. of Clinton, Wisconsin and _____ of _____, _____ (hereafter referred to as the "carrier")

WHEREAS, shipper is a supply cooperative, purchase and distributor of agricultural-related products desires to tender to "carrier" for transportation, certain commodities of the "shipper."

WHEREAS "carrier is duly authorized by the Federal Motor Carrier Safety Administration, or its predecessor to engage in t operations in interstate and foreign commerce as a contract carrier, by motor vehicle, in docket number _____ and desires to participate in the transportation of such freight as tendered to "carrier" by "shipper" by providing services designed to meet the special and distinct needs of the "shipper."

THEREFORE, in consideration of the promise and mutual agreements herein contained, the parties agree as follows:

"Carrier," in its performance of this contract, shall be and remain an independent contractor and nothing contained herein shall be construed to be inconsistent with such relationship or status. "Carrier" has and shall maintain exclusive possession and control of their equipment, has the authority to determine their own manner, methods or hours worked and has the authority to hire and fire their own employees.

"Carrier" shall comply with all applicable laws and regulations governing performance of the agreement, including but not limited to, the loading and securement of freight, driver safety regulation including, but no limited to hiring, safety of passengers, use of controlled substances and hours of service of their drivers.

Damage to "carriers" equipment shall be the sole responsibility of "carrier."

"Carrier" is responsible for loss, or damage to the cargo of "shipper" while in the care, custody and control of "carrier."

"Carrier" is responsible for maintaining their vehicles and equipment in good, efficient and safe condition at all times. "Carrier" is responsible for vehicle licensing, taxes, fees and any permits required by federal, state, or local governmental agencies with respect to transportation services rendered.



INSURANCE. "Carrier" agrees to indemnify, defend and hold "shipper" harmless from and against any and all claims, demands, liabilities, damages, losses, judgments, awards, causes of action at law or in equity (as well as reasonable attorney's fees), for death of or injury to persons or loss of or damage to property, by whomsoever owned, to the extent caused by the negligent loading, unloading, transportation and delivery by "carrier," its employees, agents, representatives and or subcontractors in connection with the performance of their respective duties/obligations und this agreement.

"Carrier" shall, while this agreement is in force, procure and maintain in effect, with companies reasonably satisfactory to "shipper" the following types of insurance:

1. Workers compensation insurance with employer's liability not less than \$100,000 bodily injury by accident, \$100,000 each accident, \$100,000 each employee, or have a signed worker's compensation waiver.
2. General liability insurance with limits of not less than \$1,000,000 per occurrence combined single limit and must name "shipper" additional insured for work conducted with respect to this agreement.
3. Cargo insurance with limits equal to, or greater than the value of cargo "carrier" hauls for "shipper", or a minimum of \$25,000 cargo insurance. Shipper to be named loss payee.

IN WITNESS WHEREOF the parties have caused this agreement to be executed as of the day and year specified above.

Shipper

Carrier

By: _____

By _____

(DeLong Authorized Representative)

(Authorized Representative)



The DeLong Co., Inc.

608-676-2255 • PO Box 552 • CLINTON, WI 53525 • WWW.DELONGCOMPANY.COM

Contracted Transportation Agreement Shipper/Broker

This Agreement, made and entered into the _____ day of _____, 20_____, by and between **THE DELONG CO., INC.**, a Wisconsin corporation (hereinafter referred to as the “Shipper”) having a mailing address of PO Box 552, Clinton, WI 53525, and

_____ (hereinafter referred to as the “Broker”), having a mailing address of _____.

Shipper and Broker may be referred to individually as “Party”, and collectively as the “Parties”.

WHEREAS, Shipper is a supply cooperative, purchaser and distributor of agricultural-related products, and desires to tender to Broker to arrange for the transportation of certain commodities of the Shipper.

WHEREAS, Broker is duly authorized by the Federal Motor Carrier Safety Administration, or its predecessor, to engage in operations as a broker, in docket number _____ and desires to participate in arranging for the transportation of such freight as tendered to Broker by Shipper.

THEREFORE, in consideration of the promise and mutual agreements herein contained, the Parties agree as follows:

1. **TERM.** The term of this Agreement shall be one (1) year, commencing on the date shown above, and shall automatically renew for successive one year periods, provided that either Party may terminate this Agreement on 30 days written notice to the other Party, with or without cause.
2. **INDEPENDENT CONTRACTOR.** Broker, in its performance of this contract, shall be and remain an independent contractor and nothing contained herein shall be construed to be inconsistent with such relationship or status. Broker shall require its contracted motor carriers transporting Shipper’s goods hereunder to maintain exclusive possession and control of their equipment, and each motor carrier has the authority to determine its own manner, methods or hours worked and has the authority to hire and fire its own employees.
3. **SERVICE.** Broker shall comply with all applicable laws and regulations governing its performance of the Agreement.
4. **FREIGHT CARRIAGE.** Broker shall require that each motor carrier is responsible for the loss of, or damage to, the cargo of Shipper while in the care, custody and control of such carrier, not to exceed \$100,000.00 per shipment. Broker shall require that each motor carrier



The DeLong Co., Inc.

608-676-2255 • PO Box 552 • CLINTON, WI 53525 • WWW.DELONGCOMPANY.COM

is responsible for maintaining its vehicles and equipment in good, efficient and safe condition at all times. Broker shall require that each motor carrier is responsible for vehicle licensing, taxes, fees and any permits required by federal, state, or local governmental agencies with respect to transportation services rendered.

5. **INDEMNIFICATION.** Broker agrees to indemnify, defend and hold Shipper harmless from and against any and all claims, demands, liabilities, damages, losses, judgments, awards, causes of action at law or in equity (as well as reasonable attorney's fees), for the death of or injury to persons or loss of or damage to non-cargo property, by whomsoever owned, to the extent caused by the Broker's negligent performance of its duties/obligations under this Agreement. In no event shall Broker be liable for special, indirect or consequential damages. Broker agrees to indemnify, defend and hold Shipper harmless from and against any claim for freight payment brought by carrier against Shipper when Shipper has paid Broker and Broker has failed to pay carrier.
6. **INSURANCE.** Broker shall, while this Agreement is in force, procure and maintain in effect, with companies reasonably satisfactory to Shipper, the following types of insurance:
 - a. Workers compensation insurance with employer's liability not less than \$100,000 bodily injury by accident, \$100,000 each accident, \$100,000 each employee, or have a signed worker's compensation waiver.
 - b. General liability insurance with limits of not less than \$1,000,000 per occurrence combined single limit and must name Shipper as additional insured for work conducted with respect to this Agreement.
 - c. Contingent cargo insurance with limits equal to \$100,000. Shipper to be named loss payee.
7. **RECEIPTS AND BILLS OF LADING.** If requested by Shipper, Broker agrees to provide Shipper with proof of acceptance and delivery of shipments in the form of a signed Bill of Lading or Proof of Delivery via US Mail, courier, or electronically by fax or email.
8. **CHOICE OF LAW AND VENUE.** The Parties agree that Wisconsin law shall govern the construction, interpretation, validity and enforcement of this Agreement and shall be applied in any mediation or judicial proceeding to resolve all disputes between them, except to the extent the subject matter of the dispute arises exclusively under federal law, in which event the federal law shall govern. Any legal proceeding brought to enforce or interpret this Agreement shall be brought exclusively in the state or federal courts sitting in or for Rock County, Wisconsin. The prevailing Party shall be entitled to recovery of costs, expenses and reasonable attorney fees.



The DeLong Co., Inc.

608-676-2255 • PO Box 552 • CLINTON, WI 53525 • WWW.DELONGCOMPANY.COM

9. **SEVERABILITY/SURVIVABILITY.** In the event that the operation of any portion of this Agreement results in a violation of any law, or any provision is determined by a court of competent jurisdiction to be invalid or unenforceable, the Parties agree that such portion of provision shall be severable and that the remaining provisions of the Agreement shall continue in full force and effect.
10. **NONWAIVER.** The failure of either Party to insist upon performance of any of the terms, conditions or provisions of this Agreement, or to exercise any right or privilege herein, or the waiver of any breach of any of the terms, conditions or provisions of this Agreement, shall not be construed as thereafter waiving any such terms, conditions, provisions, rights or privileges, but the same shall continue and remain in full force and effect as if no forbearance or waiver had occurred.
11. **NONEXCLUSIVITY.** The Parties acknowledge this Agreement does not bind the Parties to exclusive services to each other. Either Party may enter into similar agreements with other shippers, brokers, and/or carriers.

IN WITNESS WHEREOF the Parties have caused this Agreement to be executed by their fully-authorized representatives as of the date specified above.

SHIPPER

BROKER

By: _____

By: _____

Name: _____

Name: _____

Title: _____

Title: _____

DT Direct Transport

COMPANY NAME: _____

ADDRESS: _____

CONTACT NAME: _____

CONTACT TELEPHONE #: _____

CONTACT FAX #: _____

CONTACT EMAIL: _____

BANK NAME: _____

ACCOUNT TYPE (CIRCLE ONE)

CHECKING

SAVINGS

BANK ACCOUNT NUMBER: _____

DFI TRANSIT ROUTING NUMBER: _____

AUTHORIZED SIGNATURE: _____

DATE: _____

OFFICE USE ONLY
Vendor ID# :
Start Date:
End Date:

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		
	2 Business name/disregarded entity name, if different from above		
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
	<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate		
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.		
	<input type="checkbox"/> Other (see instructions) ▶ _____		
	5 Address (number, street, and apt. or suite no.) See instructions.		Requester's name and address (optional)
6 City, state, and ZIP code			
7 List account number(s) here (optional)			

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
-				-					
or									
Employer identification number									
-									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Wm. E. DeLong
1875 - 1951
Jesse E. DeLong
1880 - 1951
F.B. DeLong
1906 - 1979
Wm. DeLong Jr.
1907 - 1982
Wm. B. DeLong
1928 - 1992
Delmar E. DeLong
1931 - 1999
Daniel A. DeLong
1959 - 2010



The DeLong Co., Inc.

PO Box 552 • CLINTON, WI 53525 • DELONGCOMPANY.COM

David D. DeLong, President
William C. DeLong, V.P.
Charles R. DeLong, V.P./Sec.
Christopher R. DeLong, Treas.
William P. DeLong
Jordan G. DeLong
Whitney S. (Peissig) Thome
Austin P. DeLong
Brandon L. Bickham

This agreement simply states that any and all owner/operators of _____.
Will not hold The DeLong Company INC./DT Direct Transport responsible for any accident or injuries
that may occur on any DeLong Company properties.

By agreeing and signing this agreement, you, the owner-operator, are releasing The DeLong
Company INC./DT Direct Transport from any and all liabilities.

PRINT NAME _____ DATE _____

SIGNATURE _____

Proudly serving the agricultural industry for over 100 years...

WISCONSIN Clinton | Avalon | Elkhorn | Evansville | Janesville | Sharon | Union Grove | Watertown

ILLINOIS East Chemung | Garden Prairie | Hampshire | Joliet | Marengo | Minooka | Ridgefield

South Beloit | Troxel | Waterman | West Chemung | Winnebago

OTHER LOCATIONS Edgerton, KS | Omaha, NE | Newark, NJ | Clifton Springs, NY | Geneva, NY | Manchester, NY | Lockbourne, OH

Carrier Information

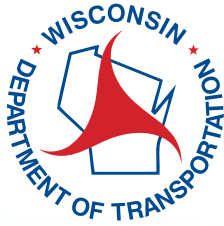
Carrier Information

Company	
Name	
Birth Year <small>*lease-to-own applicants only.</small>	
Address	
Phone Cell	
Phone Office	
Phone Fax	
Email	

Other Information

Number of Trucks	
Trailer Types	
DOT Authority	
Preferred Freight Lane	

Click this page to access the complete Start-Up Packet from the WI Department of Transportation



Wisconsin

Motor Carrier Interstate Start-up Packet





WisDOT Division of Motor Vehicles
Motor Carrier Registration Unit
PO Box 7955
Madison, WI 53707-7955

Governor Tony Evers
Secretary Craig Thompson
wisconsindmv.gov
Telephone: (608) 266-9900
FAX: (608) 267-6886
Email: irp-ifta@dot.wi.gov

Welcome Motor Carriers,

The Wisconsin Department of Transportation Division of Motor Vehicles (DMV) welcomes you to doing business in Wisconsin. Our goal is to serve as a resource to help you operate your business effectively.

Attached to this letter is a start-up checklist packet with information, forms and links to web pages to help you set up your motor carrier operation to comply with federal and state regulations.

This packet includes:

- International Registration Plan (IRP) – vehicle registration
- International Fuel Tax Agreement (IFTA) – heavy vehicle motor fuel taxes
- Employer Identification number (EIN/FEIN)
- Registration information for the Department of Financial Institutions (DFI), if you will be operating under a corporation or LLC
- USDOT Number
- Authority – to operate for-hire (within Wisconsin)
- Heavy Vehicle Use Tax (HVUT)
- Unified Carrier Registration (UCR)
- Recordkeeping/Audits
- Instructions for online access to your IRP & IFTA accounts
- Electronic Credential Program

The motor carriers and trucking section of WisDOT's website offers a detailed listing with links to all our online services, information on credentials for vehicles that cross state lines and those that operate within Wisconsin only, Oversize/overweight vehicle permits, commercial driver license (CDL) information, motor carrier enforcement and truck safety, forms and publications and related links. Visit wisconsindot.gov and search "trucking".

We look forward to working with you to make your motor carrier operation a success.

Contact us with questions:

E-mail: irp-ifta@dot.wi.gov
Phone: (608) 266-9900

Motor Carrier Registration Unit
Division of Motor Vehicles
Wisconsin Department of Transportation

October 17, 2019

Start-Up Quick Reference Guide

- 1 Obtain an Employer Identification Number or Federal Employer Identification Number (EIN OR FEIN) *[Trans 152.101(1)]*

Internal Revenue Services

Phone numbers: 1-800-829-1040 or (608) 829-5827

Website: www.irs.gov – search “FEIN”

- 2 Register Your Business with the Department of Financial Institutions (DFI) *[Trans 152.101(8)]*

Department of Financial Institutions

Phone: (608) 261-7577

Website: www.wdfi.org

- 3 Obtain a USDOT Number *[Trans 152.101(3)]*

Federal Motor Carrier Safety Administration

Phone numbers: 1-800-832-5660

Website: www.fmcsa.dot.gov

- 4 Obtain a Local Cartage (LC) or Passenger Carry (PC) Authority (if needed) *[Trans 177.03]*

Wisconsin Department of Transportation – Motor Carrier Registration Unit

Phone: (608) 266-9900

Email: irp-ifta@dot.wi.gov

Website: wisconsindot.gov – search “operating authority”



Form: MV2843 Wisconsin Motor Carrier Authority Application form

- 5 Obtain an MC Number (if needed)

Federal Motor Carrier Safety Administration

Phone: 1-800-832-5660

Website: www.fmcsa.dot.gov

- 6 International Registration Plan (IRP)

Wisconsin Department of Transportation – Motor Carrier Registration Unit

Phone: (608) 266-9900

Email: irp-ifta@dot.wi.gov

Website: wisconsindot.gov – search “IRP”

Organization’s Website: [IRP Online](#)





Manual: International Registration Plan (IRP) Manual



Form: MV2852 Lease Verification (between Owner/Operator and Lessee)



Form: MV2854 WI IRP Application - Schedule B New Operation

- 7** International Fuel Tax Agreement (IFTA)
Wisconsin Department of Transportation – Motor Carrier Registration Unit
Phone: (608) 266-9900
Email: irp-ifta@dot.wi.gov
Website: wisconsindot.gov – search “IFTA tax”
-  **Manual: Wisconsin IFTA Instruction Manual**
- Organization’s Website:** www.iftach.org
-  **Form MV2667 Wisconsin International Fuel Tax License Application**
- 8** Wisconsin Carriers Registration System (WisCRS) Access
Wisconsin Department of Transportation - Motor Carrier Registration Unit
Phone number: (608) 266-9900
Email: irp-ifta@dot.wi.gov
Website: wisconsindot.gov – search “WISCRS”
- 9** HVUT - Heavy Vehicle Use Tax
Internal Revenue Service
Phone numbers: 1-800-829-1040, (608) 266-9900
Website: wisconsindot.gov – search “HVUT”
Organization’s Website: www.irs.gov
- 10** UCR - Unified Carrier Registration [*Trans 178.01*]
United Carrier Registration
Phone: 1-833-827-7526
Website: plan.ucr.gov
- 11** Record Keeping, Retention and Audits
Wisconsin Department of Transportation – Motor Carrier Audit Unit
Phone: (608) 266-9900
Email: irp-ifta@dot.wi.gov
Website: [IRP-IFTA carrier education, record-keeping and audit](#)
- 12** Explore WisDOT Support
- 13** Take Your Business to the Next Level