

- Add Vehicle
- Weight Increase
- Delete Vehicle

- Change of Ownership
- Name or Address Change
- Title Documentation Included

**State of Nebraska  
International Registration Plan  
Supplemental Application**

Carrier/Fleet Number: \_\_\_\_\_

Supplement Number: \_\_\_\_\_

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

**DECLARED JURISDICTIONAL WEIGHTS — List the Operating Weight for each jurisdiction**

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	

**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																	
<i>Power unit identified above please fill out the following →</i>						***USDOT			****FEIN	*****Is the carrier responsible for safety expected to change during the year? Yes No							
Previous Registration:(for office use only)																	
2																	
<i>Power unit identified above please fill out the following →</i>						***USDOT			****FEIN	*****Is the carrier responsible for safety expected to change during the year? Yes No							
Previous Registration:(for office use only)																	
3																	
<i>Power unit identified above please fill out the following →</i>						***USDOT			****FEIN	*****Is the carrier responsible for safety expected to change during the year? Yes No							
Previous Registration:(for office use only)																	

**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  
 \*\*\*\*FEIN 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 5/2014