

NEW ACCOUNT PORTAL USER GUIDE



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ACCESSING THE PORTAL

Applicants can access the Portal to create a self-registration profile to create an IRP/IFTA account.

IRP/IFTA APPLICANTS REGISTERING ON THE PORTAL

Applicants (Motor Carriers) will have the ability to submit IRP/IFTA forms for MCS Agent review through the Portal available at:

Username	
Password	Forgot your Password?
	LOGIN 2
	Don't have an account? Click Here to create one.

- 1. New applicants will need to register if they do not have an existing profile by completing the form below. The 'I'm not a robot' CAPTCHA box will need to be checked and verified by one the following options:
 - Select all applicable images
 - Get Audio Challenge

l'm not a robot checkbox	Verification
	Select all images with bicycles
Register First Name Last Name Email Address Username Password Password C Tim not a robot Fraction Terms Fractio	

- a) This box needs to be checked in order to verify options
- b) Get a new challenge
- c) Get Audio Challenge Press PLAY and enter the words you hear
- d) Help button
- e) Verify button after selections have been made
- 2. If an profile already exists, the applicant will be able to log in by entering their username and password or simply log in. Note: The Password will follow basic requirements (at least 8 characters long, 1 of the following: uppercase, numeric, or special characters)

SC DMV EXTERNAL PORTAL

After a successful login, you will need to see the following portal. 'Welcome to the SC DMV Portal'

×			Welcome Joe12Test	Log Out
		Welcome to the SC DMV Portal		
		IRP/IFTA Accounts		
		Open a New IRP/IFTA Account 3 Open a New IRP/IFTA Account		
	X	My In Progress IRP/IFTA Accounts 4 View My IRP/IFTA Accounts that are awaiting approval.		
		Completed IRP/IFTA Accounts 5 View completed IRP/IFTA Accounts		
		Settings		
	ļį	My Profile 6 Update your profile.		

Open a New IRP and/or IFTA Account Applicant begins workflow by completing a two-part electronic form.
 Note: Please click save button at the end of each screen.

Applicant Registration details	Type of Account details
<image/>	What type of Account do you want to apply for? (Check all that apply) IRP
V SAVE	

- a. All fields should be filled out to assist with the pre-population of forms.
- b. Applicant Type dropdown menu: Business or Individual
- c. Driver's License State: Select from dropdown menu
- d. The Physical State field will be pre-populated with SC.
- e. Account Type: IRP, IFTA or both can be selected Checkbox field. This selection of account type will prompt the system of which forms to be displayed for completion.
- f. Is the vehichle(s) title in South Carolina: Dropdown field Yes or No. If 'No' is selected the system will display the following message: 'Please Contact HQ for Assistance'
- g. Have you ever had an IRP account in the state of South Carolina. Dropdown field Yes or No. If 'Yes' is selected the system will display the following message: 'Please Contact HQ for Assistance'. If 'No' is selected the system will present the following question: 'Have you ever had an IRP account in another state?' Dropdown field Yes or No.
- h. What will be your GVW (Gross Vehichle Weight): This is a free form field field that will populate all jurisdictions form Schedule A/E. Note: The expected data input is numeric only.

Upon completion the applicant will be directed to filling out the following tasks based on the selections that were made. Once each tasks is completed, the attachments will be inserted in the right pane as seen below in the following figures below:

Initial screeen after registration questions are completed:

2						
Welcome to Please complete the t		MV Portal w by clicking on the execute button beside each task.				
Applicant/Business	Name	John Doe 30 LLC				
Account Type		IRP/IFTA				
Applicant Type		Business				
* = Require	d Tas	sk D				
Tasks			Atta	chments		
Status		Action		Attachment	T Name	
 Fill Out Forms and 	Enter In	formation	• • •			
Not Started	►	*SCDMV Form IRP-8				
Not Started		*Schedule A/E				
Not Started		*Schedule B				
Not Started		*SCDMV Form IFTA-13				
Not Started		*SCDMV Form IFTA-1				
Not Started		SCDMV Form MC-26				
Not Started		SCDW Form MC-7				

- a) Displays the applicant's business name, acount type and the Applicant Type.
- b) All asterisk (*) labels are required tasks to be completed. The system will prompt you if a required form has not been completed.
- c) Left pane will display the list of tasks along with the status bar.
- d) Attached files will display in the right pane.

Note: At any point to 'go back' the user is encouraged to select the DMV Logo signification in the banner which will return them to the Welcome page without logging out.

4. My in Progress IRP/IFTA Accounts – allows signed-in user to view IRP/IFTA Accounts that are awaiting approval.

	6						
Welcome to the Please complete the tasks b	DMV Portal selow by clicking on the execute button beside each task.						
Applicant/Business Name							
Account Type	IFTA						
Applicant Type	Individual						
* = Required Ta	ask						
Tasks				ttachmen			
a Status	Action	•		d	Attachment T	Name	Ŧ
Fill Out Forms and Emeri	Information			Open	eForm	IFTA-13	
Completed	SCDMV Form IFTA-13			Open	eForm	IFTA-1	
Completed	*SCDMV Form IFTA-1		•	► Open	eForm	MC-7	
Not Started	SCDMV Form MC-26						
In Property	*SCDMV Form MC-7						
 Upload Tasks 							
Not Started	*Upload Copy of SC Driver's License All documents must have the same name and the same address						
Not Started	*Upload Proof of Insurance						

a. Task bar status:

Not Started

Grey – Initial state of task indicates that no action has been taken by user. Yellow – In progress task, that allows user to complete task where they left off. Green – Task has been successfully completed and will populate right pane.

b. Selecting **arrow** besides task bar:

	System will iniate the unopened task for completion .
--	---

In Progre <mark>ss</mark>	System
Completed	The sys

System will open the selected incompleted task.

The system will re-open the completed task and prompt user to delete task.

Note: If the user decides not to proceed with task, it will be marked as 'In Progress' and remain with the action to delete completed task to continue.

- c. Description /label of Action. Displays the name of the form / action to be executed. Please note that all required actions denoted by a red * must be completed in order to proceed to the next action.
- d. Displays what type of an attachment has been uploaded.
- e. Name: Displays the name of the uploaded attachment.
- f. The 'Open' icon will display <u>only</u> when there is an attachment. This allows the user to open & verify the document in the application browser window by clicking on the arrow.

ACTIONS - FILL OUT FORMS AND ENTER INFORMATION

IRP 8 FORM - NEW IRP ACCOUNT CHECKLIST - REQUIRED

- The following highlighted green-circled fields will pre-populated from the applicant's registration input.
- The applicant completes yellow highlighted fields. Initials will carry over to IFTA-13 Form.

	R SERVICES AT (800096-3870 FOR FURTHER INFORMATION	
APPLICANT/BUSINESS NAME:	IRP CUSTOMER NUMBER:	
VERIFIED BY:	FLEET NUMBER:	
VEHICLE OWNER:	USDOT NUMBER:	
 EVERY OWNER OF A CMV SUBJE AND THE FORMS MUST BEAR TH 	UNT, YOU MUST HAVE A VEHICLE TITLED IN THE APPLICANT OR BUSINE TT O REGISTRATION SHALL MAKE APPLICATION TO DMV ON APPROPR SIGNATURE OF THE OWNER AS STATED IN SC CODE OF LAW SECTION IOVIDE AN OPERATIONAL LEASE AGREEMENT, IRP-9, TO SHOW THE COI DF THE VEHICLE.	IATE FORM 56-3-230.
-	lance to IRP procedures for the above apportioned account/fleet:	
Scheduled A/E Application		
	Receipt for HVUT/2290	
Title Application	Financial Lease Agreement (Lease to Purchas	se, if
Bill of Sale(s)	applicable)	
Infrastructure Maintenance Fee	Operational Lease Agreement indicating USD	
Proof of Insurance	and motor carrier authority number responsible	e for safety
Road Use Fee: Apportionable vehicles with a GVM	of 26,000 lbs or less must provide a current year paid property tax receipt from th	he county or
Affidavit & Notification of Sale of Motor Vehicle	om the dealer. Apportionable vehicles with a GVW of 26,001 lbs. will pay the roa	id use fee to
SCDMV at the time of registration.		
Schedule B Application		
Is carrier new to IRP? 🔲 Yes 🔲 No		
If no, is carrier using actual distance or Av	rage Per Vehicle Distance (APVD)?	
ERIFIED BASING REQUIREMENTS:		
stablished Place of Business in South Carolina		
	Open during normal business hours	
Physical Structure	Den during normal business nours	
 Physical Structure Physical Address 	Records available	
 Physical Address Staffed by permanent employee(s) 		ist have the
Physical Address Staffed by permanent employee(s) roof of Residency – Applicant must have a valid So ame name and the same address.):	th Carolina Driver's License and <u>3</u> of the following documents (<u>All documents mu</u>	ist have the
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SCHEDULE A-E - REQUIRED

Name of Carrier: This field will carry over from the Applicant/Business Name. Highlighted green-circled fields are populated from registration.

The applicant completes highlighted yellow-circled fields.

Note: An SSN will be required by an applicant if they do not have a Federal Employer I.D. Number (FEIN).

SCHEDULE A-E - PAGE 1



Highlighted green-circled columns - Gross Combined Weight of vehicle, U.S. DOT # and Title will populated on page 2 of Schedule A-E.

Highlighted yellow-circled columns – Applicant will need to complete

Highlighted red-circled columns - Signature will auto fill when application is submitted for review

SCHEDULE A – E PAGE 2

					If Vehicle is TK, does it operate in comb. with a		*							Motor	LEASE ↓ Is the lease expected to change during the registration	•
Unit Number	Vehicle Identification Number	Year	Make of Vehicle	* Vehicle Type Key	trailer in the state of CO?	Axles or Seats	F u e I	Horse Power (Buses)	Unladen Weight	Gross or Combined Weight	Purchase Price of Vehicle	Factory Price	Date of Purchase	Carrier U.S. DOT No.	Year?	Name of Owner/Lesso
				Selec •												
				Selec •	1											
				Selec -												
				Selec								1				
				Selec •												
				Selec -	-											
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				Selec ·	1											
				Selec •												
				Selec •	J											
-				*	Vehicle Ty	pe Kev:					4	PENALT	TES: Under	section 5	6-3-840 of the	S.C. State
BU – Bus	6	TR	- Tractor			- Truck	Tra	ctor	TK – Str	aight Truck		Code of	Laws, a pen ion of a newl	alty fee w	ill be charged d vehicle or for	for late
** Fuel K	* Fuel Key: D-Diesel G-Gasoline P-Propane											15 to 30 31 to 90	Days - \$10. Days - \$25. Days - \$50. Days - \$75.	00 00		
The unde	ersigned certif	ies that	t the infor	mation in	n this appli	cation a	nd a	ny suppo	rting docu	ments are tr	ue and		OF	FICE U	SE ONLY	
										1		Rated B	y:		Date:	
												Entered	Bv:		Date:	

IRP SCHEDULE B - REQUIRED

Highlighted green-circled fields are pre-populated from registration.

Highlighted yellow-circled columns – Applicant will need to complete

Highlighted red-circled columns - Signature will auto fill when application is submitted for review

Customer Number Fleet Number License Year Expiration Month South Carolina International Registration Plan NOTE Actual distance generation and enter total in box "A") Distance shown are actual distance (add all actual miles and enter total in box "A") Wame of Carrier Worther fleet is based) Image: Schedule Schedule of fleet distance for period: July 1,																		
Name Casime Name											ΝΟΤ	E						
Actual distance Actual distance Actual distance Mathematical Actual distance Brain Actual distance Actual dist	Number Num	nber	Year		Month	International Registration Plan												
Name of Carrier IRP SCHEDULE B Original Distance Schedule Original Distance Schedule Schedule of fleet distance for period: MuST be reported if you have operated in any jurisdiction during the distance (APVD) was used because no actual distance occurred during the distance reporting period. City County State Zip Code Email Address NOTE: Existing fleets renewing with no actual distance accumulated during the distance reporting period. Do not combine the distance of any two or more jurisdictions. Enter "A" for actual distance under A column. Actual and average per vehicle distance chart cannot be used together. A jurisdiction A jurisdiction A jurisdiction A jurisdiction (Ab) Alaska (KY) Kenucky [NH) New Hampshire Statace Jurisdiction A jurisdiction (Ab) Alaska (KY) Kenucky [NH) New Hampshire (SK) Saskatchewan A jurisdiction (Ab) Alaska (KY) Kenucky [NH) New Hampshire (SK) Saskatchewan A jurisdiction (Ab) Alaska (MA) Massachusetts [NM) New Mexico [TX] Texas Jurisdiction (Ab) Alaska (MD) Maryland (NT) Nernessee [CA) Colifornia (ME) Manitoba (NT) Nernessee (Ab) Alaska (MD) Maryland (NT) Nernessee [CA) Colifornia (ME) Manineota (NT) Vernort												ance						
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understand that Records containing the following elements shall be accepted by the Base Jurisdiction as adequate: beginning and ending Distance														Distan	ce			
dates of the trip, origin and destination of the trip, route of travel, beginning and ending reading from the odometer, hubodometer, engine																		
control module (ECM), or any similar device for the trip, total distance of the trip, distance traveled in each Jurisdiction, and Vehicle																		
identification number or Vehicle unit number. In the event that the Records provided by me for Audit purposes do not meet the criterion, or if, I	identification number or V	/ehicle ι	init numbe	er. I	n the event that the F	Record	Is provided by me	fo	r Audit purposes do not m	eet th	e criterion, or	if, I						
fail to make adequate records available, the Base Jurisdiction shall impose an assessment in amount of 20%, 50% or 100% of the Apportionable Fees paid for the Registration year.						snall i	impose an asses	sn	nent in amount of 20%,	50%	or 100% of	the						
	Apportionable Fees paid	tor the P	registratio	пy	eal.			_				_	_					
AUTHORIZED SIGNATURE TITLE DATE	AUTHORIZE	<u>ED SI</u> G	NATURE				TITLE				DATE							

IRP-9 - OPERATIONAL LEASE AGREEMENT - AS NEEDED

Task located under the following sections:

- Fill Out Additional Forms to Print and Upload
- Upload Printed and Signed Forms

			ina Departn ATIONAL LEA	SE AGREE	MENT	les	IRP-9 (Est. 11/18)
The foll Motor C registra	The following statement must be properly signed by both, Lessee and Lessor, and presented to Motor Carrier Services, a division of the South Carolina Department of Motor Vehicles, for title and egistration of the leased motor vehicle described below.						
a.	a. LESSEE: The Lessee refers to the "registrant" and is the Owner/International Registration Plan account holder of the vehicle described below and is duly authorized and empowered to execute this agreement.						
b.		he Lessor refers to the			the Trucking Co		as
	authorized by	y the Federal Highway			· · · ·	_ MC# . The Lessor	allows the
		ribed below to engage			e operating aut	_	
		ne Lease Agreement, t					
		or Carrier Safety Regul					
PART 2.		AGREEMENT	0				
		LEASE AGREEMENT	IS BETWEEN				
Name o	of LESSEE:						
Physica	al Address:			City:			
Physica County:			State:	City:	Phone:		
			State:	City:	Phone:		
County:			State:	City:	Phone:		
County:		5	State:	City:	Phone:		
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County:	of LESSOR:		State:		Phone:		
County: Name o Physica County	of LESSOR:						
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County: Name o Physica County PART 3: Date Le	of LESSOR: al Address: r: DURATION C ease Begins:	DF LEASE	State:		Phone:		
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County: Name o Physica County PART 3: Date Le PART 4: Make:	of LESSOR: al Address: r: DURATION C ease Begins:	DF LEASE	State:	City:	Ends: Compa	ny Unit #:	
County: Name o Physica County PART 3: Date Le PART 4: Make: VIN #:	of LESSOR: al Address: r: DURATION C ease Begins:	DF LEASE	State:	City:	Ends: Compa	ny Unit #:	
County: Name o Physica County PART 3: Date Le PART 4: Make: VIN #: Signatu	of LESSOR: al Address: /: DURATION C ease Begins: LEASED VEH	DF LEASE	State:	City:	Phone: Ends: Compa	ny Unit #:	
County: Name o Physica County PART 3: Date Le PART 4: Make: VIN #: Signatu Print Le	of LESSOR: al Address: DURATION C ease Begins: LEASED VEH	DF LEASE	State:	City:	Ends: Compa ense Plate #: Date:	ny Unit #:	

IRP-10- FINANCIAL LEASE AGREEMENT - AS NEEDED

Task located under the following sections:

- Fill Out Additional Forms to Print and Upload
- Upload Printed and Signed Forms

CURNITION	South Caroli	ina Departmo	ent of Motor	Vehicles			
	FINANCIAL LEASE AGREEMENT IRP-10 PROOF OF EQUIPMENT OWNERSHIP THROUGH A LEASE TO PURCHASE (Est. 11/18) INTERNATIONAL REGISTRATION PLAN						
The followir Motor Carrie registration	The following statement must be properly signed by both, Lessee and Lessor, and presented to Motor Carrier Services, a division of the South Carolina Department of Motor Vehicles, for title and registration of the leased motor vehicle described below.						
PART 1: DEF	PART 1: DEFINITIONS OF PARTIES INVOLVED IN THE AGREEMENT						
a. LES							
agree	ement with the option of intent to	purchase the vehi	cle described belov	w and is duly authorized a	nd		
empo	owered to execute this agreement	nt.					
b. LES	SOR: The lessor refers to the "li	on holder" and is t	the company provi	ding a financial convice to t	bo		
	hase. The Lessor agrees to finar		1 11	0			
puro							
PART 2: PAR	TIES TO AGREEMENT						
THIS LEASE	TO PURCHASE AGREEMENT	IS BETWEEN					
Name of LES	Name of LESSEE:						
Physical Add	dress:		City:				
County:		State:		Phone:			
oounty.		olulo.					
Name of LES	SSOR:		1				
Physical Add	dress:		City:				
County:		State:		Phone:			
PART 3: DUR	ATION OF LEASE						
			Data Lagas Ends				
Date Lease I	Begins:		Date Lease Ends	i.			
PART 4: LEA	PART 4: LEASE TO PURCHASE VEHICLE DESCRIPTION						
The vehicle de	escribed below will be titled in the	e Lessors name ar	nd is the defined "I	ien holder" until which tin	ne the		
U U	agreement has been fulfilled. This document confirms the Lessee also defined as "purchaser" and the vehicle						
described belo	described below resides at the address referenced above by the Lessee/Lessor.						
Make:		Year:		Company Unit #	<i>‡</i> :		
VIN #:			License Pl	ate #:			
Signature of	Lessee:		Date:				
Print Lessee	Name:		Title:				
Signature of	Lessor:		Date:				
Print Lessor	lame: Title:						

IFTA-13- NEW IFTA ACCOUNT CHECKLIST- REQUIRED

Applicable if IFTA account is selected at registration.

All highlighted green-circled fields will be pre-populated.

All highlighted yellow-circled columns - Applicant will need to complete

CONTACT MOTOR CARRIER SERVICES AT APPLICANT/BUSINESS NAME: VERIFIED BY: USDOT NUMBER: • IN ORDER TO OPEN AN IFTA ACCOUNT, YOU NAME. • EVERY OWNER OF A CMV SUBJECT TO REGI FORMS AND THE FORMS MUST BEAR THE SI SECTION 56-3-230. • THE OWNER OPERATOR MUST PROVIDE AN COMPANY RESPONSIBLE FOR THE SAFETY OF	OUNT CHECKLIST T (803) 896-3870 FOR FURTHER INFORMATION IFTA CUSTOMER NUMBER: FLEET NUMBER: MUST HAVE A VEHICLE TITLED IN THE APPLICANT OR BUSINE ISTRATION SHALL MAKE APPLICATION TO DMV ON APPROPRI OPERATIONAL LEASE AGREEMENT, IRP-9, TO SHOW THE OF THE VEHICLE. Ordance to IFTA procedures for the above account/fl
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he following items were received/verified in acco	
IFTA-1 APPLICATION	ordance to IFTA procedures for the above account/fl
IFTA-1 APPLICATION	
-	
MC-7 AGREEMENT TO PREPARE AND MAINTAI	
stablished Place of Business in South Carolina	
Physical Structure	
Physical Address	
Staffed by permanent employee(s)	
Open during normal business hours	
Records available	
roof of Residency – Applicant must have a valid South Carolina ave the same name and the same address.):	a Driver's License and <u>3</u> of the following documents (<u>All documents mu</u>
South Carolina Articles of Incorporation (registered	I to conduct husiness in South Carolina)
South Carolina Articles of Incorporation (registered Vehicle titled in base jurisdiction or Financial Lease	·
Applicant's current year residence or business rent	-
Most recent utility bill: landline phone (no cell phone	-
Applicant's prior year state OR federal income taxe	
Prior year paid county auto and/or residence prope	
Current year business license	ary tax receipt or most recent mongage statement
MC-7 Agreement to Prepare and Maintain Records	
MC-25 Power of Attorney	
-	5, is required to anyone who will conduct business on behalf of the acc
holder.	
CARRIER HAS BEEN PROVIDED WITH A COPY OF THE SC IF	RP/IFTA MOTOR CARRIER SERVICES MANUAL OR HAS BEEN
INSTRUCTED THE MCS MANUAL CAN BE OBTAINED AT WW	W.SCDMVONLINE.COM AND SIGNIFIES WITH THEIR INITIALS.

IFTA-1- APPLICATION FOR IFTA CREDENTIALS - REQUIRED

Please note that State is pre-populated with South Carolina on page 2 of IFTA-1 form. SC Counties can be selected from dropdown menu.

IFTA-1 - PAGE 1

South Carolina Department of Motor Vehicles IFTA-1 (Rev. 11/14) APPLICATION FOR INTERNATIONAL FUEL TAX AGREEMENT (IFTA) CREDENTIALS **INSTRUCTION SHEET** The IFTA-1 Application for International Fuel Tax Agreement (IFTA) credentials is for "qualified vehicles" which are intended to operate in IFTA member jurisdictions during the year and is used when opening an IFTA account; requesting additional IFTA decals and renewing the IFTA License. The IFTA application must be completed on both sides. Mail-in renewals must be received in Blytifiewood by 12/1 to insure that you receive the IFTA license and decal by 12/31. The new year decal may be displayed on your trucks effective 12/1; however, you must maintain the copy of your current IFTA License in the truck until the end of the current year. Faxed applications are not acceptable. When renewing your IFTA license, complete both sides of the IFTA-1 to insure the application will not be delayed due to incomplete information. The following items should be considered when renewing. ✓ IFTA Tax returns/payments must be current thru the 3rd guarter Application must be signed Number of vehicles must be indicated in the box beside Renewal An equipment listing must be submitted with year, make, model, VIN and Name of the carrier/owner of the vehicle, and IRP account number if applicable SCDMV will only issue the number of decal sets corresponding to the number of vehicles on the equipment listing Indicate Motor Carrier number if you have interstate operating authority and provide the USDOT number. If you lease to a carrier and transport under their MC number you must register as a carrier and indicate the USDOT number of the Motor Carrier that you are leasing to on your truck ✓ If you do not wish to renew write cancel and the effective date of the cancellation on the renewal and mail to SCDMV for the IFTA account to be closed. IFTA accounts can only be closed at the end of a quarter No fee is charged for the IFTA decal. Renewal can be processed at Blythewood, Chester, Dillon, Greer, Irmo, Kingstree and N. Augusta Web users can process online at www.scdmvonline.com Approved Web users may renew the IFTA account on line at www.scdmvonline.com. If you would like to register as a web user the MC-26 application may be obtained by going to www.scdmvonline.com., Forms and Manuals, select the Interstate Forms in the middle of the webpage. Return the MC-26 application to SCDMV, Motor Carrier Services, P.O. Box 1498, Blythewood, South Carolina 29016. Upon approval, a user ID and password will be emailed with instructions how to access the IRP/IFTA online system. The use of Dyed Fuel in highway vehicles is illegal in South Carolina. Dieselpowered highway vehicles are subject to inspection and will be fined the greater of \$1,000 or \$10 per gallon for the illegal use of the dyed fuel per SC CODE Section 12-28-1730 (F)

Page 1 of 3

IFTA-1 - PAGE 2

All highlighted green-circled fields will pre-populated from registration page.

Highlighted yellow-circled columns - Applicant will need to complete

Highlighted red-circled columns – Signature will auto fill when application is submitted for review

Please note that the State field will default to South Carolina.

	Renewal Application Year Additional IFTA Decals	To:		
eck One:				
Unincorporated Assoc	iation (Enter Legal Name)			
Corporation (Enter Ch	arter Name)			
Other (Explain)				
	ucted)			
(M. J. D. 00 C	A 11>			
Iness (Must Be SC Street A	Address)			
	State	Zin	County	
	State South Carolina	Zip	County	
Phone Number	Fax Number USDO	T Number E-M	ail Address	
wher Partner or Officer				
Social Security	Home Address		Phone Nu	umber
Number				
			L] NO	
	Corporation (Enter Ch Other (Explain) r Which Business Is Condu iness (Must Be SC Street / Phone Number Phone Number wner, Partner or Officer Social Security Number you Maintain Bulk Stora	Corporation (Enter Charter Name) State South Carolina State South Carolina Visual Charter Name Visua	Corporation (Enter Charter Name) Corporation (Enter Name) Corporation (E	Corporation (Enter Charter Name) Corporation (Enter Charter Name) Corporation (Explain) TWhich Business Is Conducted) TWhich Business Is Conducted) Twitch Business Is Conducted) Twitch Business Is Conducted) Twitch Business Is Conducted Twitch Bus

IFTA-1 - PAGE 3

South Carolina Department of Motor Vehicles APPLICATION FOR INTERNATIONAL FUEL TAX AGREEMENT (IFTA) CREDENTIALS						
Complete the schedule below	by pla	acing an "X" next to the jurisd	lictior	in which you plan to operate	e "Qu	lalified Motor Vehicles"
ALL JURISDICTIONS		KS – KANSAS		NE – NEBRASKA		RI – RHODE ISLAND
AB – ALBERTA		KY – KENTUCKY		NH - NEW HAMPSHIRE		SC - SOUTH CAROLINA
		LA – LOUISIANA		NJ – NEW JERSEY		SD – SOUTH DAKOTA
		MA – MASSACHUSETTS		NL – NEWFOUNDLAND LABRADOR		SK - SASKATCHEWAN
AZ – ARIZONA		MB – MANITOBA		NM – NEW MEXICO		TN - TENNESSEE
BC – BRITISH COLUMBIA		MD – MARYLAND		NS – NOVA SCOTIA		TX - TEXAS
CA – CALIFORNIA		ME – MAINE		NT - NW TERRITORIES		UT - UTAH
CO – COLORADO		MI – MICHIGAN		NV – NEVADA		VA -VIRGINIA
CT – CONNETICUT		MN – MINNESOTA		NY – NEW YORK		VT - VERMONT
DE – DELAWARE		MO – MISSOURI		OH – OHIO		WA - WASHINGTON
FL – FLORIDA		MS – MISSISSIPPI		OK – OKLAHOMA		WI - WISCONSIN
GA – GEORGIA		MT – MONTANA		ON -ONTARIO		WV – WEST VIRGINIA
IA -IOWA		MX – MEXICO		OR -OREGON		WY - WYOMING
ID – IDAHO		NB - NEW BRUNSWICK		PA – PENNSYLVANIA		YT - YUKON
IL – ILLINOIS		NC – NORTH CAROLINA		PE – PRINCE EDWARD		
				ISLAND	-	
		ND – NORTH DAKOTA		QC - QUEBEC		odel, serial number, owner for
Number of IFTA Decal sets re (1 set required per vehicle) Equipment listing must be atta	Replacement Additional					
SC DMV Website						IFTA, Inc. Website
www.scdmvonline.net						www.iftach.org
RETURN APPLICATION TO: S.C. DEPARTMENT OF MOTOR VEHICLES ATTN: MOTOR CARRIER SERVICES P.O. BOXES 1498 BLYTHEWOOD, S.C. 29016-0027 If you have any questions, please call: (803) 896-3870 Under penalties of perjury, the applicant certifies with his or her signature that, to the best of his or her knowledge, the information contained in this application is true, accurate and complete and any falsification subjects him or her to appropriate civil and/or criminal sanctions of the Sate of South Carolina. The applicant agrees to comply with reporting, payment, record keeping and license display requirements as specified in the International Fuel Tax Agreement and South Carolina general statutes. The applicant further						
agrees that the South Carolina of other fees administered by these provisions shall be grout Signature Date	the De	epartment or delinquent on fu	uel ta: uth C	xes due to any member juriso arolina and all member juriso	dictio	n Failure to comply with
				3 of 3		

MC-25- POWER OF ATTORNEY - OPTIONAL

Task located under the following sections:

- Fill Out Additional Forms to Print and Upload
- Upload Printed and Signed Forms

South Card POWER OF A		-			MC-25 (Rev. 6/16)
The Power of Attorney (MC-25) cannot file IRP/IFTA applications/returns and p types of official communications with th	pay taxes a	s owed. They	are also requ	ired to accept and	
If a licensee prefers an appointed indiv completed. This is a privilege extended such action will not be considered unle completion of this form does not relieve licensee is ultimately responsible for th or Service Provider. The Power of Atto the selection of Power of Attorney.	d to the lice ess this form the licens be payment	nsee which re n is properly co ee of the lega of taxes as we	quires specia ompleted and obligations a ell as all acts	I handling by the D placed on file with issociated with a p and omissions of t	Department, therefore, in the Department. The articular license. The he stated individual
	POW	ER OF AT	<u>FORNEY</u>		
The undersigned principal and license	e has made	and appointe	d, and does h	nereby make and a	appoint
(Company Name and Individuals Name	e)				
(-,				
(Mailing Address)				(Phone N	lumber)
to act as Attorney-in-Fact for the licens representative capacity on behalf of the IFTA fuel taxes including licensing, der documents with any employee of the S	e including cal orders, f	licensing; this	power of atto	rney shall be for al	Il matters related to
IN WITNESS WHEREOF, I,					
have set my hand this		day of		,	, 20
Signature of Owner/Legal Representat	ive		Title		
			IRP/IFTA	Customer Number	
		NOWLEDG			
STATE OF)	COUNTY	OF)
On this	day of		, 20	, before me, th	e undersigned Notary
Public, in and for the county and state and acknowledged to me that he exect the uses and purposes therein set forth	uted the sa			y act and deed, of	said corporation, for
			ha 14		
Given under my hand and seal the day	and year l	ast above writ	len.		
Notary Public					
My commission Expires:					
A power of attorney submitted from a notary of the state. The submitter state to authenticate documents ser without action.	must ensu	re that such	authenticatio	on is proper under	r the law of that

MC-26- MOTOR CARRIER WEB ENTRY ACCESS APPLICATION - OPTIONAL

MC-26 - PAGE - 1

All highlighted green-circled fields will pre-populated from registration page.

Highlighted yellow-circled columns - Applicant will need to complete

Highlighted red-circled columns - Signature will auto fill when application is submitted for review

Access to t	MOTOR CARRIER he SCDMV web entry appl				Page 1 of 5
restricted fo as an empl account(s) liabilities, N	or the use of the carrier and oyee of the carrier/permitti listed above. In order to pr lon Sufficient Funds, Out o IC-25) must be on file if so	d/or the permitting ng agency in legal ocess transaction f Service Order ar	agency personr ly registering ve the account mi d no revocation	tel in performing hicles for the IR ust have no outs s/suspensions.	g their duties RP/IFTA standing Power of
	ng is a list of transactions t al Registration Plan (IRP) a				
a. Rene renev b. File c	w International Fuel Tax A wing; TIN and name chang uarterly IFTA fuel tax retur FTA amendments	es are not allowed			
	est additional fuel decals (decals will be mai	ed by SCDMV)		
	cate IFTA license w annual IRP interstate ve	hiele registration	alu on ronowah	la vahialas (alla	we you to
	n an IRP invoice and pay.				
recei	ved.) cate Cab Card				
	e vehicle				
	nd vehicle without fee; cha				
j. Repla	ace plate (complete SCDM	V Form 452; DMV	will mail plate/c	ab card)	
MOTOR C	ARRIER IRP/IFTA ACCO	OUNT HOLDER I	FORMATION		
	ARRIER IRP/IFTA ACCO	DUNT HOLDER I	NFORMATION		
IRP/IFTA A		OUNT HOLDER I	NFORMATION		
IRP/IFTA /	ACCOUNT NUMBER	DUNT HOLDER I			
IRP/IFTA /	ACCOUNT NUMBER	DUNT HOLDER I		ZIP CODE	
IRP/IFTA A IRP/IFTA A PHYSICAL CITY	ACCOUNT NUMBER			ZIP CODE	
IRP/IFTA / IRP/IFTA / PHYSICAL CITY	ACCOUNT NUMBER	STA		ZIP CODE	
IRP/IFTA A PHYSICAL CITY IRP/IFTA C CONTACT	ACCOUNT NUMBER	STA		ZIP CODE	
IRP/IFTA A PHYSICAL CITY IRP/IFTA C CONTACT CONTACT	ACCOUNT NUMBER	STA	TE		only when
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IRP/IFTA / PHYSICAL CITY IRP/IFTA (CONTACT CONTACT CONTACT CONTACT	ACCOUNT NUMBER ACCOUNT NAME ADDRESS CONTACT NAME TELEPHONE NUMBER E-MAIL ADDRESS CONSIGNATED Permitting A	STA gency/Acting Ar er authorizes the	TE rent Informatic ollowing Permi	o <u>n – complete</u> tting Agency /a	cting
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IRP/IFTA A PHYSICAL CITY IRP/IFTA C CONTACT CONTACT CONTACT CONTACT CONTACT CONTACT CONTACT PERMITTI PERMITTI PERMITTI CITY	ACCOUNT NUMBER ACCOUNT NAME ADDRESS CONTACT NAME TELEPHONE NUMBER TELEPHONE NUMBER CONTACT NAME TELEPHONE NUMBER Designated Permitting A Control of the second seco	STA STA STA STA STOMER NUMBE STOMER NUMBE STA	TE <u>rent Informatic</u> ollowing Permin owing specified R	o <u>n – complete</u> tting Agency /a	cting
IRP/IFTA A PHYSICAL CITY IRP/IFTA C CONTACT CO	ACCOUNT NUMBER ACCOUNT NAME ADDRESS CONTACT NAME TELEPHONE NUMBER E-MAIL ADDRESS Designated Permitting A ermitting Agency: Carrie loyee(s) to perform transa NG AGENT SCDMV CUS NG AGENT NAME	STA STA STA STA STOMER NUMBE STOMER NUMBE STA NAME	TE <u>rent Informatic</u> ollowing Permin owing specified R	o <u>n – complete</u> tting Agency /a IRP/IFTA acco	cting

MC-26 - PAGE 2

	olina Department (ER WEB ENTRY A			MC-26 (Rev. 7/16) Page 2 of 3		
Name of Individual Using System Employee of Carrier Employee of Service E-mail Address (print clearly) Provider (Check appropriate box)						
The carrier/permitting agent v carrier/permitting agent's emplo			nformation	to authorize		
employee has left the comp	The carrier/permitting agent will notify SCDMV immediately when a carrier/permitting agent's employee has left the company or service bureau, and that the carrier/permitting agent employees access should be deleted.					
The carrier/permitting agent signing this application understands that improper use or release of the data information contained on the SCDMV web entry applications will result in loss of SCDMV web entry applications access as well as possible civil and criminal penalties under both state and federal laws.						
The carrier/permitting agent will indemnify, save, and hold SCDMV, its' agents, and employees harmless from any claims or causes of action, including attorney's fees incurred by SCDMV, arising from the performance of this application by the carrier/permitting agent or the carrier/permitting agent's employee(s). This clause will not be construed to bar any legal remedies the carrier/permitting agent may have for SCDMV's failure to fulfill its obligations under this application.						
SCDMV, the carrier, or the carrier's permitting agent may terminate this application at any time, with or without cause upon written notice to the other parties, which will result in the termination of carrier/permitting agent access to the SCDMV web entry application.						
This application shall be deer parties bound upon the comple			med compl	ete with the		
The carrier/permitting agent will Sec. 2721 et seq., the South Ca 10 et seq., and any other applic information.	rolina Family Privacy Pr	rotection Act, S.C.	Code Ann.	Sec. 30-2-		

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South Carolina Department of Motor Vehicles MOTOR CARRIER WEB ENTRY ACCESS APPLICATION1. CARRIER (The carrier certifies that the appropriate person(s) has executed the application on behalf of the carrier as required by applicable articles, bylaws, resolutions, or ordinances).2. PERMITTING AGENT (The permitting agent certifies that appropriate person(s) has execute applicable articles, bylaws, resolutions, or ordinances.)				
By: Carrier Signature	By: Permitting Agent Signature			
Name: Print Name	Name: Print Name			
Title: Date:	. Title: Date:			
3. SCDMV By: SCDMV Authorized Personnel				
Title: Date: Return this form to SCDMV, Motor Carrier Services,	P.O. Box 1498, Blythewood, South Carolina 29016			

MC-7 - REQUIRED

All highlighted green-circled fields will pre-populated from registration page.

Highlighted yellow-circled columns - Applicant will need to complete

Highlighted red-circled columns - Signature will auto fill when application is submitted for review

			RDS IN ACCORDANCE WITH ERNATIONAL FUEL TAX AGREEMENT
DISTANCE RECORDS (IFTA and IRP): You <u>must</u> recap on monthly and quarterly fleet summaries. Ad 1. Date(s) of trip (starting and ending) 2. Trip origin and destination (city and state) 3. Route of travel (highway numbers) 4. Beginning and ending odometer/hubomet the trip	equate distance records <u>m</u>		Total trip distance Distance by jurisdiction Unit number or vehicle identification
Adequate Records for a Global Positioning Syst 1. Original GPS or other location data for ea 2. Date and time of each reading 3. Odometer/Hub odometer/Engine control r readings (beginning and ending) 4. Distance between each reading 5. Route of travel Accountable distance includes interjurisdictional a distance, off-highway distance, and trip permit dista preceding year (July 1 through June 30 preceding t must not be used for jurisdictions in which the fleet 1	ch vehicle module (ECM) nd intrajurisdictional distan nce. All distance accumula re registration year) must b	6. 7. 8. 9. ce, load ited by e repor	Total trip distance Distance by jurisdiction Unit number or vehicle identification number Fleet summaries (total distance per unit and fleet/jurisdictional distance per unit and fleet) aded and empty distance, deadhead and/or bobtail y the power units apportioned in the fleet within the orted as actual on the IRP application. Estimated distance
Interjurisdictional Travel: Apportioned registration traveling only in one jurisdiction are not eligible for a			les traveling in two or more member jurisdictions. Vehicles full registration fees.
			for each fuel type for each vehicle. This information should ulk fuel purchases are to be accounted for separately.
To receive tax paid credit, the following information 1. Date of withdrawal 2. Number of gallons/liters withdrawn all bul 3. Type of Fuel 4. Unit number or vehicle identification RECORD RETENTION : All carrier records pertainin reported distance for any registrant whose applicati was based for a period of three years after the close DECLARATION : The undersigned has read this do with the IRP and IFTA requirements. I understand for possible reduction of MPG to 4.00 for IFTA. For IRF	by delivery tickets and/or n must be maintained: k withdrawals g to IFTA must be kept for on for apportioned registrat of the registration year. iccument and agrees to preg- ilure to maintain complete	5. 6. 7. ecceipts. 5. 6. four yea ion has pare an records	Price per gallon/liter Unit number or vehicle identification Purchaser's signature s. You must also have a reliable meter on your bulk tank.
registration for inadequate or unavailable records. Your IRP and IFTA privileges may also be canceled	if inadequate distance rec	ords are	
CARRIER NAME			DMV CUSTOMER NUMBER
**AUTHORIZED REPRESENTATIVE (PRINT)	SIGNATURE		TITLE
CITY	STATE		DATE

Note: All applicant signature fields will be handled during signature tasks.

UPLOAD TASK

- * Upload Copy of Driver's License
- * Upload Proof of Insurance

UPLOAD THREE OF THE FOLLOWING PROOFS OF RESIDENCY

List includes tasks when **Business Applicant** is selected:

- * Upload Vehicle Title
- * Upload SC Articles of Incorporation
- Upload or Business or Rental Agreement
- Upload most Recent Utility Bill
- Upload State or Federal Income Taxes
- Upload Current Year Business License
- Upload Property Tax Receipt
- Upload Vehicle Tax Receipt
- Upload Additional Documentation

List includes task when **Individual Applicant** is selected:

- * Upload Vehicle Title
- Upload Residence or Business Rental Agreement
- Upload most Recent Utility Bill
- Upload State or Federal Income Taxes
- Upload Property Tax Receipt
- Upload Mortgage Statement
- Upload Vehicle Tax Receipt
- Upload Additional Documentation

FILL OUT ADDITIONAL FORMS TO PRINT AND UPLOAD

- Download SCDMV IRP-9
- Download SCDMV IRP-10
- Download SCMV MC-25

Note: Once completed, please download a copy by clicking on the open button in the Attachments section. The applicable form will need to be printed to get the required signatures and upload a scanned copy in the following Upload Printed and Forms Section.

UPLOAD PRINTED AND SIGNED FORMS

- Upload Copy of IRP-9
- Upload Copy of IRP-10
- Upload Copy of MC-25

Note: Upload a scanned copy from previous step.

COMPLETE

- * Add Signature
- * Complete and send to DMV for Review

NEED SIGNATURE

- Upload a scanned copy of the IRP-9 Document If applicable
- Upload a scanned copy of the IRP-10 Document If applicable

COMPLETE -REQUIRED

- * Please add your signature. By signing this section, your signature will be applied to each of the forms.
- *Complete and Send to DMV for Review

Note: Once all required tasks have been successfully completed, the end user must hit the save button. This request will be sent to a Motor Carrier Service Agent for Review.



5. Completed IRP/IFTA Accounts

When applicable the system will display the completed IRP/IFTA Accounts of the signed in user.

Completed IRP/IFTA Accounts		
Id 🔻 Date Created 🔻 Status	т	Summary
H H D F H 10 V items per page		

6. My Profile 🔢

🍒 My P	rofile
Username	RViking
a Password	Change Password
Display Name	Ragnar Lothbrook
First Name	Ragnar
Last Name	Lothbrook
Email Address	Viking@vallahalla.com
Signature	Update Signature c
✓ SAVE	

- a) Allows the signed-in user to change their password.
- b) First Name, Last Name & Email addresses can be modified. The name fields will update the Display name. The Username cannot be modified.
- c) Update Signature: System allows user to update and store their signature with two options:
 - Draw using mouse/finger or pen
 - Use signaure pad if applicable

		Signature	 CLEAR SIGNATURE
Signature	O Draw using mouse/finger/pen	→	
		© CANCEL SAVE	