



# WEST CHESTER PERMIT

PO Box 62293 Cincinnati, Ohio 45262 Phone: 513-777-3000 Fax: 513-755-5790 Toll Free: 800-734-3544 [www.wcpermit.com](http://www.wcpermit.com)

## APPLICATION TO OBTAIN IRP TRIP AND/OR IFTA FUEL PERMIT(S).

Fax to 513-755-5790 or email [info@wcpermit.com](mailto:info@wcpermit.com)

Company Name: \_\_\_\_\_

Doing Business As: (If applicable): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Fed ID# or SS# (at least one is required): \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone#: \_\_\_\_\_ Fax#: \_\_\_\_\_

Email: \_\_\_\_\_

MC#: \_\_\_\_\_ USDOT#: \_\_\_\_\_

Unit#: \_\_\_\_\_ Year: \_\_\_\_\_ Make: \_\_\_\_\_ # Axles: \_\_\_\_\_

Complete Vin# ( All 17 Digits ): \_\_\_\_\_

License Plate #: \_\_\_\_\_ Base Plate State: \_\_\_\_\_

Empty Weight of Tractor: \_\_\_\_\_ Gross Vehicle Weight: \_\_\_\_\_ Fuel Type: \_\_\_\_\_

Tractor Owned or Leased? \_\_\_\_\_ Driver Name: \_\_\_\_\_

States Needed: \_\_\_\_\_

Eff Date: \_\_\_\_\_ Eff Time: \_\_\_\_\_ Need Trip Permit? \_\_\_\_\_ Need Fuel Permit? \_\_\_\_\_

Insurance Co. Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Policy #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Routes: \_\_\_\_\_

Commodity \_\_\_\_\_