



Phone Number: 630-222-5770 / 630-800-3474 | Email: comparetransport@gmail.com | www.comparetransport.com

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

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? Owned Leased Driver Name: _____

States Needed: _____

Eff Date: _____ Eff Time: _____ Need Trip Permit? _____ Need Fuel Permit? _____

Insurance Co. Name: _____ Phone #: _____

Policy #: _____ Exp. Date: _____

Routes: _____

Commodity _____