

(Lessor Signature)

Motor Carrier Registration Unit P.O. Box 7979 Madison, WI 53707-7979

(Date Signed)

Email: irp-ifta@dot.wi.gov Fax: 608-267-6886

A new lease is required upon renewal time each year. If you change a safety carrier, a new lease is required. This lease is to ensure Wisconsin based carriers who operate under another carrier's US DOT number have the most current information on file. This lease also provides IRP information for carrier's who have Wisconsin IFTA but are running under another carrier's IRP.

IFTA Account Information							
Legal Name of Lessor (IFTA Account Holder)			IFTA Account Number				
Lessor FEIN Number			Number of IFTA Vehicles				
Safety Carrier Information							
Legal Name of Lessee (Company or Individu	ıal Leased	l To – <i>name mu</i>	st match exa	ctly th	ne name on the U.S. I	DOT and Authority Number)	
Lessee U.S. DOT Number			Lessee FEIN Number				
Date of Lease (Begin and End Date require	ed)						_
Begin Date (m/d/yyyy):	End Date (m/d/yyyy):						
IRP Information						1	
IRP Plate and Cab Card provided by ☐ Lessor or ☐ Lessee	IRP Acc	count Number			Issuing Jurisdiction (proof of cab card will be required)		
Begin Date (m/d/yyyy):			End Date (m/d/yyyy):				
Lessor Name (Print)			Lessee Name (Print)				
X			X				
<u></u>							

(Date Signed)

(Lessee Signature)