

In person appointments are **unavailable for new IRP and IFTA account set up, please email our office at motorcarrier@nd.gov or give us a call at 701-328-1287 for any questions.**

Instructions: Review, complete, and return all pages from this packet to the Motor Carrier Section via email at motorcarrier@nd.gov or via fax at (701) 328-3500

Applicants Name:	
Email:	Phone:
Mailing Address:	
Physical Address:	
Desired Effective Date:	

Step 1: Establish that North Dakota is the appropriate base jurisdiction for IRP (International Registration Plan).

If you are opening the account in a **personal name**. The proofs of residency below must have your name and a ND physical address (a PO box is not allowed). Please provide 3 proofs from the list below with a matching physical street address.

- Copy of your North Dakota driver's license
- Current Utility bills: gas, cable, or phone bill.
- Rental agreement (if renting)
- Real estate tax report or property taxes filed in North Dakota (if property is owned).
- State of ND or Federal income tax return (filed in personal name at a physical street address in ND)
- Copy of a ND vehicle title (other than the one being added to your prorated account)
- Vehicle Insurance policy
- Medical card
- Letter from the IRS or FMCSA

If you are opening the account in a **Business name**, the business must be **active** and in **good standing** with the Secretary of State of North Dakota. The proofs of residency below must be in the business name and a ND physical address (a PO box is not allowed). Please provide 3 proofs from the list below with a matching physical street address.

- Copy of your North Dakota driver's license (if operating the the business from your personal residence).
- State of ND or Federal income tax return.
- Real estate tax report or property taxes filed in North Dakota (if property is owned).
- Current Utility bills: gas, cable, or phone bill.
- Copy of a ND vehicle title (other than the one being added to your prorated account).
- Vehicle Insurance policy in the business name.
- Letter from the IRS with EIN Number listed

Step 2: Are you operating under your own USDOT number or someone else's? USDOT number status must be listed as **Active** and the Carrier Operation status must be marked as **Interstate with the FMCSA**.

- My own USDOT number: _____

Someone else's USDOT number: _____

A copy of the lease agreement must also be submitted to include the following:

- USDOT #
- Lessor/ Lessee
- Dates of Lease
- Vehicle Vin(s)
- Responsible party for IFTA Reporting
- Signed and dated by both parties

Step 3: Complete the attached Schedule A (SFN 2477) – all pages must be completed and returned.

- Your vehicle is already titled in ND in your personal/ business name and not changing ownership, we will just require a copy of the IRS-2290 if the registered weight is 55,000 lbs. or higher.
- Your vehicle has an out-of-state title and is not changing ownership, we will require a clear copy of the front and back of the title and the IRS-2290 if the registered weight is 55,000 lbs. or higher. (This is referred to as "REG-ONLY", meaning the vehicle will be titled in a different state, but will be registered in ND this excludes the following states: Delaware, Oregon, Georgia, Montana, Alaska, New Hampshire, and all of the Canadian Provinces. If your title is from one of the Jurisdictions listed, you will be required to transfer the title in ND and pay excise tax on fair market value of your vehicle)
- You have purchased a vehicle and the title is not yet in your name we will require the following:
 - The original title mailed or dropped off in the Bismarck Motor Carrier office
 - Application For Certificate of Title & Registration Of A Vehicle
 - Damage/ Salvage Disclosure Statement if vehicle is less than 9 years old
 - A IRS 2290 if the registered weight is 55,000 lbs. or higher unless the purchase was within the last 60 days
 - Bill of Sale

Step 5: Complete the attached application SFN 17105 for an IFTA (International Fuel Tax Association) license.

Step 6: Complete the UCR (Unified Carrier Registration) here: <https://www.ucr.gov>

* If leased to a Company skip this step 6*

Step 7: Read the manuals for IRP and IFTA. Initial below indicating you have read the manuals.

Initial: ____ IRP Manual: <https://www.dot.nd.gov/manuals/mv/irp-manual.pdf>

Initial: ____ IFTA manual: <https://www.dot.nd.gov/manuals/mv/ifta-manual.pdf>

Step 8: Review the IRP record keeping requirements in Article X of the IRP Plan. Initial below indicating you have read the recordkeeping requirements.

Initial: ____ IRP Recordkeeping reviewed

https://cdn.ymaws.com/www.irponline.org/resource/resmgr/jurisdiction_info_2/the_plan_1_1_19.pdf

Step 9: Review the IRP record keeping requirements in section P500 of the IFTA procedures manual.

Initial below indicating you have read the recordkeeping requirements.

Initial: ____ IFTA Recordkeeping reviewed

<https://www.iftach.org/manuals/2019/PM/Procedures%20Manual%2011-22-19.pdf>

Step 10: Complete the attached Agreement to Maintain Records SFN 60450

Must be completed by the carrier and not service bureau

Applicants Printed Name	Applicants Signature	Date

INTERNATIONAL REGISTRATION PLAN ORIGINAL APPLICATION (SCHEDULE A)

North Dakota Department of Transportation, Motor Vehicle
SFN 2477 (7-2024)



MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE SUITE 103
BISMARCK ND 58505-0791
Telephone (701) 328-1287
Fax (701) 328-3500
Website: <https://dot.nd.gov>

(For Office Use Only)

US DOT Number

FEIN/TIN

License Year

IRP Account Number

Fleet Number

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Carrier/Company Name		
DBA Name		
Physical Street Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code

<input type="checkbox"/> March 31
<input type="checkbox"/> June 30
<input type="checkbox"/> September 30

Please select one: This will determine when your registration expires

<input type="checkbox"/> Household Goods Carrier
<input type="checkbox"/> Private Carrier
<input type="checkbox"/> Haul for Hire

Please select one: This is your type of operation

Contact Carrier Information

Applicant's Name	Telephone Number	Fax Number	E-Mail
Service Bureau Name	Telephone Number	Fax Number	E-Mail

I declare, with my signature, that I am knowledgeable of the the Federal or State Motor Carrier and Hazardous Materials Safety Regulations.

The undersigned, under oath, swears under penalty of perjury that the information furnished in this application and the attached schedules are true and correct and certifies that these vehicles will be insured as required by law (NDCC 39-08-20).

The undersigned agree to maintain records in accordance with the IRP and IFTA requirements.

Signature of Applicant	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
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All Columns Must be Completed by Carrier

1	2	3	4	5	6	7*	8	9	10	11
ND TITLE NUMBER	LICENSE PLATE NUMBER	UNIT NUMBER	Y E A R	MAKE	VEHICLE IDENTIFICATION NUMBER	T Y P E	A X L E S	B S U E S A T S	** F U E L	EMPTY WEIGHT

***TYPE** (Column Number 7)

****FUEL** (Column Number 10)

******* (Column Number 18)

TT - TRUCK TRACTOR
 TR - TRACTOR (Semi)
 TK - TRUCK (Straight)
 BU - BUS
 TW - WRECKER

D - DIESEL
 G - GASOLINE
 P - PROPANE

Is the carrier responsible
 for safety expected to
 change during the year?

12	13	14	15	Carrier Responsible for Safety		
				16	17	18
NAME OF OWNER (as listed on title)	DATE OF PURCHASE	ORIGINAL PRICE	LATEST PRICE	USDOT# Vehicle Level	FEIN/TIN Vehicle Level	*** Safety Resp Change Y/N

(For Office Use Only)

IRP Account Number

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Fleet Number

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1. Indicate with an "X" in box(s) below the method(s) used to declare distance:

- Actual miles operated for preceding July 1 thru June 30 time period.
- Use North Dakota's average per vehicle distance chart.

JURISDICTION	MILEAGE	WEIGHT
AK (Alaska)		
AL (Alabama)		
AR (Arkansas)		
AZ (Arizona)		
CA (California)		
CO (Colorado)		
CT (Connecticut)		
DC (District of Columbia)		
DE (Delaware)		
FL (Florida)		
GA (Georgia)		
IA (Iowa)		
ID (Idaho)		
IL (Illinois)		
IN (Indiana)		
KS (Kansas)		
KY (Kentucky)		
LA (Louisiana)		
MA (Massachusetts)		
MD (Maryland)		
ME (Maine)		
MI (Michigan)		
MN (Minnesota)		
MO (Missouri)		
MS (Mississippi)		
MT (Montana)		
NC (North Carolina)		
ND (North Dakota)		
NE (Nebraska)		

JURISDICTION	MILEAGE	WEIGHT
NH (New Hampshire)		
NJ (New Jersey)		
NM (New Mexico)		
NV (Nevada)		
NY (New York)		
OH (Ohio)		
OK (Oklahoma)		
OR (Oregon)		
PA (Pennsylvania)		
RI (Rhode Island)		
SC (South Carolina)		
SD (South Dakota)		
TN (Tennessee)		
TX (Texas)		
UT (Utah)		
VA (Virginia)		
VT (Vermont)		
WA (Washington)		
WI (Wisconsin)		
WV (West Virginia)		
WY (Wyoming)		
AB (Alberta)		
BC (British Columbia)		
MB (Manitoba)		
NB (New Brunswick)		
NL (Newfoundland)		
NS (Nova Scotia)		
NT (NW Territories)		
ON (Ontario)		
PE (Prince Edward Island)		
QC (Quebec)*		
SK (Saskatchewan)		
YT (Yukon)		
MX (Mexico)		
Total Fleet Miles		

(For Office Use Only)

IRP Account Number

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Fleet Number

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***QC**

Requires the number of axles (2-6) for the combination of vehicles (tractor-truck-trailer)

INSTRUCTIONS

1. **North Dakota Account Number:** Complete only if you are reinstating your account. List account number previously assigned.
2. **IRP Account Number:** List International Registration Plan account number issued by North Dakota.
3. **US DOT Number:** List number issued by the Federal Motor Carrier Safety Administration (FMCSA).
4. **Application Type:**
Original - provides us with general information about your business.
Amendment - permits you to update your name, address, telephone, order replacement license, or purchase additional decals.
Reinstatement - restores your account to good standing.
5. **Business Type:** Your business structure; (Sole Proprietor, Partnership, or Corporation).
6. **Applicant Legal Name:** The name used on Income Tax Returns and the name used when you applied for your Federal Employer Identification Number or your Social Security Number.
7. **Trade/Doing Business As (DBA):** The business name under which you operate. (Complete only if different than legal name).
8. **Business Address:** The physical address where operational control and records to be audited are kept for the licensee's vehicles.
9. **Mailing Address:** Complete only if different than business address. (All correspondence will be sent to this address.)
10. **Contact Person:** The name of the person who is filing your fuel tax return with us, or, the person we may contact for information about your returns. Please provide telephone number where they may be reached Monday-Friday, 7:45 a.m.-4:30 pm. (List the name of your permitting agent if applicable.)
11. **Federal Employer Identification Number (FEIN):** Also referred to as the taxpayer identification number and is issued by the IRS (Also, see Item 9).
12. **Social Security Number:** Complete only if you are a sole proprietor with no employees and you are not required by the IRS to hold a FEIN.
13. **Previous IFTA License:** Indicate jurisdictions in which you had a prior IFTA License.
14. **Bulk Storage:** Indicate ALL member states in which you maintain bulk storage facilities.
15. **Fuel Types:** Indicate which type(s) of fuel your vehicles use.
16. **License Type(s):** Commercial - North Dakota only
Farm - Farm use
Prorate - Interstate
Travel

Fuel Calculation (Fuel Decal Request)

Number of vehicles requiring fuel decals: Each "qualified motor vehicle" that is to be operated in North Dakota must display IFTA decals. A qualified motor vehicle is a motor vehicle used, designed, or maintained for transportation of persons or property and:

- 1) has two axles and a gross weight exceeding 26,000 pounds, or;
- 2) has two axles and a registered weight exceeding 26,000 pounds, or;
- 3) has three or more axles regardless of weight, or;
- 4) is used in combination and the gross weight of the combined vehicles exceeds 26,000 pounds. Qualified motor vehicle does not include recreational vehicles.

A. Decal Fee: A fee of \$1.00 per vehicle will be charged. If ordering additional decals during the year, add \$3.00 card fee.

B. License Fee: A \$5.00 license fee is charged on original and renewal applications.

C. Application or Reinstatement Fee: A \$20.00 handling fee is charged on original and reinstatement applications.

D. Total Fee: Add A, B, and C to arrive at a total fee.

Signature: This application must be signed and dated by an owner, partner, or authorized representative.

APPLICATION FOR CERTIFICATE OF TITLE & REGISTRATION OF A VEHICLE

North Dakota Department of Transportation, Motor Vehicle
SFN 2872 (7-2021)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone (701) 328-2725
Website: <https://dot.nd.gov>

I. This Application is for:

(Check only one) SEE INSTRUCTIONS ON REVERSE SIDE.

- Title Process
 Vehicle Registration
 Registration Change - Reason:
 Utility Trailer License \$5
 Permanent Trailer Plate - Check one: Farm Semi

REQUIRED: Reason for Duplicate (Circle: lost, stolen, mutilated)

- Duplicate plates, tabs & registration card \$5.00
 Duplicate tabs & registration card \$3.00
 Duplicate registration card only \$2.00
 Duplicate title \$5.00

DO NOT SEND CASH

II. Applicant Information

Applicant's Legal Name <input type="checkbox"/> Individual (first, middle, last) <input type="checkbox"/> Business <input type="checkbox"/> Lessor <input type="checkbox"/> Trust <input type="checkbox"/> Govt.		<input type="checkbox"/> Driver's License <input type="checkbox"/> FEIN	Telephone Number	
Mailing Address	City	State	ZIP Code	County
Co-Applicant's Legal Name <input type="checkbox"/> Individual (first, middle, last) <input type="checkbox"/> Business <input type="checkbox"/> Lessee <input type="checkbox"/> Trust <input type="checkbox"/> Govt.		<input type="checkbox"/> Driver's License <input type="checkbox"/> FEIN	Telephone Number	
Mailing Address	City	State	ZIP Code	County
Must Check One (If Co-Applicant is included on application) <input type="checkbox"/> Or <input type="checkbox"/> And <input type="checkbox"/> And/Joint Tenants with Right of Survivorship			<input type="checkbox"/> Vehicle is Leased	
		North Dakota Title Number		

III. Vehicle Information

Year	Make	Model	Body Style	
Vehicle Identification Number		Fuel Type <input type="checkbox"/> Electric <input type="checkbox"/> Plug-In Hybrid <input type="checkbox"/> Other <input type="text"/>	Color	
Weight	Previous Weight	Motor Home/Trailer Length	ND License Plate Number	Credit Plate Number
Date 1st used on ND Highways	ATV/UTV Only <input type="checkbox"/> Straddle <input type="checkbox"/> Side by Side	Odometer Reading	Odometer Indicator (Check One) <input type="checkbox"/> Actual Mileage <input type="checkbox"/> Exceeds Mechanical Limits <input type="checkbox"/> Not Actual	

IV. Motor Vehicle Purchaser's Certificate

Full Purchase Price (less Rebate)	
Less Trade-In Allowance	
Less Total Loss Allowance	
Difference / Subtotal	
Tax (5% of Difference / Subtotal)	
Abandoned Vehicle Disposal Fee	(\$1.50)
Title Fee	(\$5.00)
Vehicle License Fee	
SRP <input type="text"/>	(\$25.00)
License Plate Credit Amount	
Plate or Credit Transfer Fee	(\$5.00)
Branch Fee	
Duplicate Plate Fee	(\$5.00)
TOTAL FEES DUE: DO NOT SEND CASH	
Year and Make of Trade-In <input type="text"/>	
VIN of Trade-In <input type="text"/>	
<input type="checkbox"/> Tax Exempt (see instructions on reverse)	

V. Dealer and Lienholder Information

Date Acquired	Check One <input type="checkbox"/> New Vehicle <input type="checkbox"/> Used Vehicle
Acquired From	ND Dealer No.
First Lienholder	
Mailing Address	
City	State
	ZIP Code

VI. PENALTY: Any person making any false statement on this application for license or title for which another penalty is not specifically provided is guilty of a class B misdemeanor.

NDCC Chapters 39-04 and 39-05. Applicant certifies this vehicle will be insured as required by law. The applicant, under penalties of law and as rightful owner of the vehicle described on this application declares that the information set forth is correct.

If vehicle is company owned, company name and title of authorized agent signing the application must be noted.

NDCC Chapter 57-40.3-08. Submitting this application presumes this vehicle is being driven on North Dakota streets and highways.

Signature	Date
Business Name (if applicable)	

ATTENTION TRUCK OWNERS HAULING HAZARDOUS MATERIALS:
I declare, with my signature on this application that I am knowledgeable of the Federal or State Motor Carrier and Hazardous Materials Safety Regulations.

(CONTINUATION OF MOTOR VEHICLE PURCHASER'S CERTIFICATE)

If vehicle is exempt from tax, enter number corresponding to exemption in Section IV. (front of this form)

- | | |
|---|---|
| <p>1. Gift from: <input type="checkbox"/> Spouse <input type="checkbox"/> Parent(s) <input type="checkbox"/> Child <input type="checkbox"/> Sibling(s)
 <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Grandchild</p> <p>Gift to (Specify relationship between ALL NEW owners <input type="text"/>)</p> <p>2. Joint Tenants with Right of Survivorship and now vehicle is being put in one name only</p> <p>3. Inheritance</p> <p>4. Change of name by: <input type="checkbox"/> Marriage <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order</p> <p>5. Vehicle acquired through a lease purchase agreement (Check one)</p> <p><input type="checkbox"/> A. If tax was paid on the total lease consideration, tax is due on the lease buyout amount.</p> <p><input type="checkbox"/> B. If tax was paid on the full purchase price and you have been in possession of the vehicle over one year, no tax is due.</p> <p><input type="checkbox"/> C. If tax was paid on the full purchase price and you have been in possession of the vehicle for less than one year, tax is due on the lease buyout amount.</p> <p>6. State Fleet</p> <p>7. Lien change --- CURRENT ODOMETER READING <input type="text"/></p> <p>8. Interstate carriers --- Account Number: <input type="text"/></p> <p>9. Tax paid to state that grants reciprocity to North Dakota (Proof required)</p> <p>10. Public Transportation provided under contract with NDDOT</p> <p>11. Dealer resale - USED vehicle</p> <p>12. Dealer resale - NEW vehicle</p> <p>13. Tribal (SFN 18085 required)</p> | <p>14. Disabled American Veteran or Former Prisoner of War - Letter of Eligibility from the Department of Veteran's Affairs is required</p> <p>15. Nonprofit senior citizens' or mobility impaired persons' corporation owned vehicle used for the transportation of the elderly or disabled</p> <p>16. Mobility impaired person(s) purchasing specially equipped vehicle</p> <p>17. Homemade vehicle</p> <p>18. Newly formed <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Check One)
 Date formed: <input type="text"/></p> <p>19. Dissolved <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation (Check One)
 Date dissolved: <input type="text"/></p> <p>20. Parochial or private non-profit school buses</p> <p>21. Assembled vehicles by motor vehicle dealer (SFN 21859 required)</p> <p>22. Transfer into family trust</p> <p>23. Military home of record: <input type="checkbox"/> Entry <input type="checkbox"/> Discharge (SFN 17147 required)</p> <p>24. Mobile Home (SFN 3004 required) or Manufactured Home (SFN 53658 required)</p> <p>25. North Dakota political subdivisions</p> <p>26. Repossession (SFN 2880 required)</p> <p>27. Non-resident military lease</p> <p>28. Total loss settlement or Salvaged</p> <p>29. Other - Specify <input type="text"/></p> <p>30. Spousal Transfer due to Divorce (copy of divorce decree required)</p> |
|---|---|

VIII. Damage Disclosure NDCC 39-05-17.2

The damage disclosure law includes passenger cars, trucks, pickup trucks, motorcycles, and motor homes that are less than nine years old. It EXCLUDES all trailers, off-highway vehicles, and snowmobiles. A Damage/Salvage Disclosure Statement (SFN 18609) must be completed. Motor vehicle body damage disclosure requirements apply only to the transfer of certificate of title on vehicles less than nine (9) model years old.

If applicable, please submit SFN 18609 Damage Disclosure Statement with this application.

Any person who makes a false statement on this form is guilty of a Class A Misdemeanor.

Instructions:

SECTION NO.

- I. Check the type of application you are submitting (check only one).
- II. Complete applicant information in **FULL** for each owner.
- III. Complete **ALL** applicable vehicle information. Odometer reading required on all vehicles 2011 and newer.
- IV. Complete **ALL** applicable purchaser's certificate information.
 - Abandoned vehicle disposal fee of \$1.50 is due on all new and out-of-state passengers, trucks, buses, and motorhomes when first titled in North Dakota.
 - Title fee is \$5.00.
 - Enter license fee and pay applicable plate credit using the appropriate fee schedule.
 - If applying plate credit, enter \$5.00 plate transfer fee.
 - If a trade allowance, year, make, and VIN are required.
 - Enter the appropriate tax exemption number if an exemption for tax is claimed (see tax exemptions Section VII).
- V. Complete **ALL** applicable dealer and lienholder information. If needing to add a second lienholder complete SFN 2475 Part 3: Purchaser's Certification and Application to **include all lienholders**.
- VI. Application must be signed with applicant's legal signature and dated.
- VII. Applicable tax exemptions.
- VIII. Damage Disclosure statement SFN 18609 must be completed for all vehicles less than nine (9) model years old.

DAMAGE/SALVAGE DISCLOSURE STATEMENT

North Dakota Department of Transportation, Motor Vehicle
SFN 18609 (8-2019)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone (701) 328-2725
Fax (701) 328-1487
Website: <https://dot.nd.gov>

This form **MUST** be completed by the transferor (seller) for all vehicles less than nine (9) model years old.

This form **MUST** be signed by the transferor (seller), given to and signed by the transferee (buyer), and accompany the application for title.

Year	Make	Model	Style
Vehicle Identification Number (VIN)			Title Number

Section 1: NDCC 39-05-17.2

Within the past eight (8) years, has this vehicle sustained body or structural damage from a vehicular crash or accident, including loss by fire, vandalism, weather, or submersion in water, resulting in damage to the motor vehicle? Yes* No

The term damage does not include body or structural modifications, normal wear and tear, glass damage, hail damage, or items of normal maintenance and repair.

*** If yes is checked, sections 2 & 3 must be completed.**

Section 2: NDCC 39-05-20.2 & 37-09-01-02

If vehicle has sustained damage, please answer the following question:

Do the damages equal or exceed the greater of \$10,000 or twenty-five percent (25%) of the pre-damage retail value of the motor vehicle as determined by the National Automobile Dealers Association official used car guide? Yes No

Section 3: NDCC 39-05-20.2 & NDAC 37-09-01-02

If the vehicle has sustained damage, please answer the following question:

Do the damages exceed seventy-five percent (75%) of its retail value? Yes* No

3A. *If you answered yes, please check the box below that best describes your situation.

- Damage occurred in a single occurrence while I owned the vehicle.
 I acquired the vehicle with unrepaired damage.
 Damage occurred prior to my ownership and I acquired it in a repaired condition.
 Other - Must explain: _____

**3B. Type of Damage:
(check all that apply)**

- Collision Weather Theft Interior
 Water Vandalism Fire Under Carriage Other

Explanation of Damage: _____

Any person who makes a false statement on this form is guilty of a Class A Misdemeanor.

Section 4

Name of Transferor (Seller)		Daytime Telephone Number	
Mailing Address	City	State	ZIP Code
Signature of Transferor (Seller)			Date

Section 5

Legal Name of Transferee (Buyer)		Daytime Telephone Number	
Mailing Address	City	State	ZIP Code
Signature of Transferee (Buyer)			Date

INSTRUCTIONS FOR COMPLETING DAMAGE/SALVAGE DISCLOSURE STATEMENT

Section 1

The seller must disclose if there has been damage* to the vehicle within the past 8 years by checking YES or NO to the question. **If YES, proceed to Sections 2 & 3.**

**Damage is defined as body or structural damage from a vehicular crash or accident including loss by fire, vandalism, weather, or submersion in water, resulting in damage to the motor vehicle. The term damage does NOT include body or structural modifications, normal wear and tear, glass damage, hail damage, or items of normal maintenance and repair.*

Section 2

The seller must disclose if damages* equal or exceed the greater of \$10,000 or twenty-five percent (25%) of the pre-damage retail value of the motor vehicle by checking YES or NO to the question.

**The amount of damage to a motor vehicle is determined by adding the retail value of all labor, parts, and materials used in repairing the damage. See NDCC 39-05-17.2 for further information on calculating the Assessed Damage of a vehicle.*

DAMAGE DISCLOSURE FORMULA	
1. Calculate 25% of the retail value of the vehicle at the time the vehicle was damaged.	
2. Which is the higher amount 25% of the retail value of the vehicle or \$10,000?	
3. What is the amount of the assessed damage?	
4. The assessed damage amount must be greater than the higher amount from step 2 to be a damaged vehicle.	
EXAMPLE 1	EXAMPLE 2
1. \$15,000 (retail value) X 25% = \$3,750	1. \$50,000 (retail value) X 25% = \$12,500
2. \$3,750 OR \$10,000 = \$10,000 is higher	2. \$12,500 OR \$10,000 = \$12,500 is higher
3. Assessed damage is \$7,000	3. Assessed damage is \$13,000
4. Check NO on damage disclosure form	4. Check YES on damage disclosure form

Section 3

The seller must disclose if the damages* exceed seventy-five percent (75%) of the motor vehicles retail value by checking YES or NO to the question.

If YES, seller must answer Sections 3a. & 3b.

**Vehicles damaged in excess of 75% may not be operated on ND highways unless they have been reconstructed and inspected by a business that is registered with the Secretary of State, is in good standing, and offers motor vehicle repairs to the public. (SFN 2486 Certificate of Vehicle Inspection) The business completing the inspection may not be the same business that reconstructed the vehicle. If a vehicle has been reconstructed, a certificate of title will be issued with a "previously salvaged" brand status. Salvage requirements apply to all model year vehicles and all brands must be carried forward regardless of the age of the vehicle.*

Section 3a

The seller must select one of the options which best describes their ownership of the vehicle in regards to the disclosed damage. Example of "Other": Title already branded for the damage disclosed above.

Section 3b

The seller must select all that apply which best describes the type of damage to the vehicle and briefly explain. Example of "Explanation of Damage": Hit a deer.

Section 4

Seller information to be completed in full with seller signing and dating the form.

Section 5

The buyer is only required to complete Section 5 if YES has been answered to any of the questions completed by the seller.

IRP/IFTA SERVICE BUREAU WEB ACCESS

North Dakota Department of Transportation, Motor Vehicle
SFN 62510 (5-2024)

MOTOR CARRIER
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0791
Telephone (701) 328-1287
Fax (701) 328-3500
Website: <https://dot.nd.gov>

Carrier Information

Carrier/Company Name	IRP Account Number	IFTA Account Number
Please select which account(s) the service bureau will be handling: <input type="checkbox"/> IRP <input type="checkbox"/> IFTA		

Service Bureau Information

Service Bureau Name	Agent Name		
Address	City	State	ZIP Code
Contract Telephone Number	Fax Number	Email Address	

Carrier authorizes the above listed service bureau/acting agent to perform transactions online for the specified account listed above.

Carrier Signature	Date
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