

DOCUMENT REQUIREMENTS

REQUIREMENT FROM EVERY NEW APPLICANT:

- 1) Driver license photo copy of the owner/President
- 2) Tractor & Trailer Registration(s) (Copy of IRP Cab Card)
- 3) IFTA License copy (If you ever applied for one)
- 4) NM WDT Permit Copy (if you ever applied for one)
- 5) OR Permit (COPY)

NEW IRP PLATES:

The following information is required to process the IRP plates:

- 1) Your driver's license photo copy
- 2) Current IRP Card (If you have one)
- 3) EIN/FED ID # Required (If you don't have we can get it for you)
- 4) Tractor purchase price (Or Bill of sale)
- 5) Proof of Truck Insurance (Liability Insurance Auto ID Card)

(IRP) Proof of address required, any of the following any (3) items may be acceptable:

- 1) DL Photo (Even if the address doesn't match your home address) Or income tax return
- 2) Utility Bill
- 3) Self Statement of facts (DMV FORM Reg. 256 See attached)
- 4) Statement of facts from landlord.
- 5) Rental lease agreement.
- 6) Proof of mortgage payment coupon or statement.

(IRP) RENEWAL:

- 1) Your driver's license photo copy
- 2) EIN/FED ID # Required.
- 3) Tractor purchase price
- 4) Proof of Truck Insurance (ID Card)
- 5) Current 2290 paid receipt

GURU COMMERCIAL

P: 800-414-8781 Permits Dept. Fax # 800-687-4815

TRUCK PERMITS APPLICATION

EMAIL: PERMITS@GURUCOMMERCIAL.COM

PLEASE COMPLETE THIS TO THE BEST OF YOUR KNOWLEDGE:

YOUR NAME: _____ COMPANY NAME _____

MAILING ADDRESS: _____

PHYSICAL ADDRESS: _____

BUSINESS PH: _____ FAX _____ MOBILE: _____

FEDERAL ID (EIN)# _____ SOCIAL SECURITY # _____

MC# Pin# DOT # _____ CA# _____ IRP ACCT# _____ DOT PIN #:

KYU# _____ NM WDT# _____ IFTA ACCT# _____ EXPRESS CODE _____

Type of Business: _____ Sole Proprietorship _____ Partnership _____ Corporation _____ LLC

Ownership/Shareholder Information: Officers, Partners, or LLC members:

(Full Name) (Title) (SS #)

Address: _____

(Full Name) (Title) (SS #)

Address: _____

Bank Name: _____ Account # _____

| UNIT # | YEAR | MAKE | MODEL | LIC. PLATE # | LOADED GVW | EMPTY GVW | PURCHASE PRICE & DATE | VIN# |
|--------|------|------|-------|--------------|------------|-----------|-----------------------|------|
| | | | | | | | | |
| | | | | | | | | |
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NOTES:

GURU COMMERCIAL SERVICE ORDER FORM

Your Name: _____ DBA: _____ PH# _____

| Only Check the items Ordered | DESCRIPTION (Fee Varies) | Service Fees | Company Use Only Date Processed |
|------------------------------------|--|-----------------|---------------------------------------|
| | Fuel Tax Filing (IFTA TAX \$44.99, NM \$49.99, KYU \$49.99) ← | | |
| | ICC/MC (Application fee \$300) | \$149.99 | |
| | DOT# (Free no Application Fee) | \$49.99 | |
| | MCS-150 Biennial (NO appliation Fee) | \$64.99 | |
| | BOC-3 (Application fee \$30) | \$49.99 | |
| | MOTOR CARRIER PERMIT (MCP) and Pull Notice | \$64.99 | |
| | CA# (Free No application fee) | \$49.99 | |
| | EIN# (No Application Fee) | \$49.99 | |
| | Mid-Year IRP Changes: Add Unit: \$100 Per/Unit Delete: \$50 Per/unit. | \$49.99 | |
| | NEW MEXICO WDT (\$7 Application Fee) | \$49.99 | |
| | IFTA LICENSE (\$10+\$2 per decal Annual) | \$49.99 | |
| | FREIGHT BROKER AUTHORITY (\$300 Application fee) | \$99.99 | |
| | FORM 2290 (Electronic Filings) (Fee \$550) | \$49.99 | |
| | REINSTATEMENT OF AUTHORITY (Reinstatement \$80) | \$49.99 | |
| | UCR (\$82 Fee) | \$49.99 | |
| | IRP PLATES | \$174.99 | |
| | Corporation/LLC Formation Package \$749(takes 20-30day)\$949-(4)Days | \$749 ← | |
| | Name Change/Corrections (per application/Department) | \$49.99 | |
| | Address Change (per dept.) | \$34.99 | |
| | Company formation flat Service Fee (ICC/MC, DOT, BOC-3, NM, IFTA) | \$399.99 | |
| | Prepass (No application fee) Add/Deletes Per unit: \$49.99 | \$74.99 | |
| → | Flat \$499.99 Annual service fee per unit. This includes IRP, Plates & Fuel Tax * | \$499.99 | |

* Anything not listed and any specials request will be \$49.99 Per change/Per vehicle.
(ELECTRONIC FILINGS)

NOTE: For special request & package price, please call for a free quote.

PRINT NAME: _____

SIGNATURE:  _____

DATE: _____

* Flat Rate \$499.99 Package includes only the following: DOT, MC, BOC-3, IFTA, UCR, CA#, EIN# & NM.

* Rates are subjected to change at anytime. All charges will be confirmed with customer before processing.

* We can customize a quote if you own more than (10) units. Please call for details.

* Please note Federal & State departments charge their own application & processing fees. These fees will be charged to your credit card in addition to our service fees.


* Fuel Tax- If you don't fill out our miles/gallons form any additional work would be \$75 per unit.




PO Box 275
 Kerman, CA 93630
 Ph: 800-414-8781 Fax: 800-709-2659
permits@gurucommercial.com
www.gurucommercial.com

I authorized Guru Commercial to charge/debit my credit card number below for my trucking business related fees and Guru Commercial processing fees as needed from time to time. This agreement is effective immediately until revoked in writing.

Authorization to Charge Credit Card

| | | |
|--|-------------------------------|---|
| TYPE OF CARD | <input type="checkbox"/> VISA | <input type="checkbox"/> MASTERCARD |
| CREDIT CARD # | | |
| EXPIRATION DATE | CARD CODE |  |
| FULL NAME AS IT APPEARS ON THE CARD | | |
| NAME OF CARD | | |
| Phone | | |
| CREDIT CARD BILLING ADDRESS | | |

By Signing below, Card Members agrees to pay in accordance with the terms and Conditions to the Card Member Agreement and authorizes Guru Commercial Permits, LLC to charge my credit card listed above. As the credit card holder, I herby authorize the recurring billing of all Trucking business related Operating/Permit related services. In addition, This authorization can also include one-time billing charges for (Truck permits, Commercial Operating Authorities, Fuel Tax Services, IRP processing fees, & UCR fees.. Etc... processing charges and other custom work performed during the term of the credit card expiration. This authorization will stay into effect until the credit card expiration or until the customer cancels services in writing. In the event my credit card expires, I must complete a new credit card authorization form to continue service. Charges will appear on my statement as Guru Commercial Permits LLC. Five (5%) convenience fee will be charged to all credit card transactions. It is understood that all charges are non-refundable and are fully earned.

| | | |
|------------------------------|---|-------------------|
| Authorized Signature: |  _____ | DATE _____ |
|------------------------------|---|-------------------|

**ACKNOWLEDGEMENT OF LICENSEE
RESPONSIBILITIES UNDER THE
INTERNATIONAL FUEL TAX AGREEMENT**

You have applied for or have been granted a license under the International Fuel Tax Agreement (IFTA) with California. The license carries with it many responsibilities.

- You must prepare and maintain operational records for each qualified motor vehicle (QMV) to support:
 - All distance traveled,
 - All fuel purchases,
 - Other information as required by IFTA.
- You must maintain these records for a period of four years from the due date of your IFTA *Quarterly Fuel Use Tax Return*, or the date the return was filed, whichever is later.
- You must report your travel and fuel purchases for each QMV on the IFTA *Quarterly Fuel Use Tax Return*.
- You must complete and file the IFTA *Quarterly Fuel Use Tax Return* on or before the due date for each reporting period.
- You must pay amounts due on or before the due date of the return or billing.
- You must display an IFTA decal on each side of the cab of each of your QMVs.
- You must carry a copy of your IFTA license in the cab of each of your QMVs.

If you do not fulfill your responsibilities under your IFTA license, you will be subject to one or more actions by the Board of Equalization (BOE):

- Failure to file the IFTA *Quarterly Fuel Use Tax Return*, to make records available, and/or to provide adequate records for audit may result in an assessment based on an estimation of the fleet's true liability, using figures of 4.00 miles per gallon and 30,000 miles per QMV per calendar quarter to calculate the tax liability, plus applicable penalties and interest. In addition, no credit for tax paid fuel will be allowed.
- If you do not file your IFTA *Quarterly Fuel Use Tax Return* timely, you will be subject to penalty and interest.
- Failure to pay assessments may result in impoundment of your QMV. The BOE may sell the impounded QMV to collect amounts due.
- If you do not display IFTA decals, you may be assessed a fine or penalty in every U.S. State or Canadian Province in which you travel.
- If you do not display IFTA decals or possess a valid California Fuel Trip Permit when entering California, you may be assessed a penalty from \$100 up to \$500 or, if tax is assessed, a penalty of \$500 or 25% of the tax assessed, whichever is greater. The tax and penalty assessments must be paid before your QMV will be allowed to leave the inspection site.

PLEASE NOTE: You are responsible for all of the above items. If you use a service agent and that person does not maintain your records as indicated above or does not file your returns timely, you are responsible for any tax, penalty, and interest due. Simply providing information to your service agent does not mean your tax returns have been filed with the BOE.

DECLARATION

The undersigned* has read this document and acknowledges the responsibilities of holding a license under the **International Fuel Tax Agreement and specific California requirements.**

| | | | |
|---------------------|------|----------------|----------|
| NAME (please print) | | ACCOUNT NUMBER | |
| | | IF MT 59- | |
| STREET ADDRESS | CITY | STATE | ZIP CODE |
| SIGNATURE | | TITLE | |



***This document must be signed by a corporate officer, owner, partner, or an authorized company employee, not a service agent.**

Detailed information on each of the above requirements can be found in BOE publication 50, *A Guide to the International Fuel Tax Agreement*. To view a copy of publication 50, visit our website at www.boe.ca.gov. Printed copies can be obtained by writing to the Motor Carrier Section, P.O. Box 942879, Sacramento, CA 94279-0065, by calling 916-322-9669, or by calling our Taxpayer Information Section at 800-400-7115. Also available in Spanish.

Check below to indicate the appropriate agency. Please note that a separate form must be completed and provided to **each** agency checked.

- | | | |
|--|--|--|
| <input type="checkbox"/> STATE BOARD OF EQUALIZATION PO BOX 942879 SACRAMENTO CA 94279-0001 800-400-7115 | <input type="checkbox"/> FRANCHISE TAX BOARD PO BOX 2828 RANCHO CORDOVA CA 95741-2828 FAX 916-845-0523 | <input type="checkbox"/> EMPLOYMENT DEVELOPMENT DEPARTMENT PO BOX 826880 MIC 28 SACRAMENTO CA 94280-0001 916-654-7263 • FAX 916-654-9211 |
|--|--|--|

| | | | | |
|--|---|------------------------------|---|-----------------------|
| TAXPAYER'S NAME | | BUSINESS OR CORPORATION NAME | TELEPHONE NUMBER () () | FAX NUMBER () () |
| SOCIAL SECURITY NUMBER | FEDERAL EMPLOYER IDENTIFICATION NUMBER(S) | | CALIFORNIA SECRETARY OF STATE NUMBER(S) | |
| BOARD OF EQUALIZATION ACCOUNT/PERMIT(S) | | | EDD EMPLOYER ACCOUNT NUMBER | |
| MAILING ADDRESS (street and number, city, state, zip code) | | | | |

- INDIVIDUAL** **PARTNERSHIP** **CORPORATION** **LIMITED LIABILITY COMPANY**
 OTHER _____

As owner, officer, receiver, administrator, or trustee for the taxpayer, or as a party to the tax or fee matter before the:

- State Board of Equalization** **Franchise Tax Board** **Employment Development Department**

I hereby appoint: [enter below the individual appointee(s) name(s), address(es) (including zip code), telephone number(s) and FAX number(s) – do not enter names of accounting or law firms, partnerships, corporations, etc., as the appointee name]

| | | | |
|---|-----------------------|---|---------------------------|
| APPOINTEE NAME | | APPOINTEE NAME | |
| APPOINTEE BUSINESS NAME (if applicable) | | APPOINTEE BUSINESS NAME (if applicable) | |
| APPOINTEE ADDRESS (street and number) | | APPOINTEE ADDRESS (street and number) | |
| (city) | (state) | (zip code) | (city) (state) (zip code) |
| TELEPHONE NUMBER () () | FAX NUMBER () () | TELEPHONE NUMBER () () | FAX NUMBER () () |

As attorney(s)-in-fact to represent the taxpayer(s) for the following tax or fee matters: [specify type(s) of tax]

- | | |
|---|--|
| <input type="checkbox"/> Franchise and Income Tax Law | <input type="checkbox"/> Payroll Tax Law |
| <input type="checkbox"/> Sales and Use Tax Law | <input type="checkbox"/> Benefit Reporting |
| <input type="checkbox"/> Use Fuel Tax Law | <input type="checkbox"/> Other: _____ |

SPECIFY THE TAX OR FEE YEAR(S) OR PERIOD(S) [IF ESTATE TAX, INDICATE DATE OF DEATH] (for Board of Equalization and Franchise Tax Board purposes)

The attorney(s)-in-fact (or any of them) are authorized, subject to revocation, to receive confidential tax information and to perform on behalf of the taxpayer(s) the following acts for the tax or fee matters described above: [check the box(es) for the powers granted]

- General Authorization (including all acts described below).
 Specific Authorization (selected acts described below).
 To confer and resolve any assessment, claim or collection of a deficiency or other tax or fee matter pending before the identified agency and attend any meetings or hearings thereto for the specified law identified above.
 To receive, but not to endorse and collect, checks in payment of any refund of taxes, penalties or interest.
 To execute petitions, claims for refund and/or amendments thereto.
 To execute consents extending the statutory period for assessment or determination of taxes.
 To execute closing agreements under section 19441 of the California Revenue and Taxation Code.
 To execute settlement agreements under section 19442 of the California Revenue and Taxation Code.

(The back of this form must be completed)

- To represent the taxpayer for changes to their mailing address for any and all Payroll Tax Law, Benefit Reporting, both Payroll Tax Law and Benefit Reporting.
- To execute settlement agreements under section 1236 of the California Unemployment Insurance Code.
- To delegate authority or to substitute another representative.
- Other acts (specify): _____

Franchise Tax Board (FTB) will send you and your first representative listed a copy of FTB computer generated notices as they become available.

- Check this box if you **do not** want FTB to send copies of available FTB computer generated notices to your first representative listed.

(Note: Not all FTB processing systems are capable of generating representative copies at this time.)

This power of attorney revokes all earlier Power(s) of Attorney on file with the California State Board of Equalization, the Employment Development Department, or the Franchise Tax Board as identified above for the same matters and years or periods covered by this form, except for the following: [specify to whom granted, date and address, or refer to attached copies of earlier power(s)]

| | |
|--|--------------------------------|
| NAME | DATE POWER OF ATTORNEY GRANTED |
| ADDRESS (street and number, city, state, zip code) | |

Unless limited, this Power of Attorney will remain in effect until the final resolution of all tax matters specified herein.
[specify expiration date if limited term]

TIME LIMIT/EXPIRATION DATE (for Board of Equalization and Franchise Tax Board purposes)

Signature of Taxpayer(s) — If a tax matter concerns a joint return, **both** husband and wife must sign if joint representation is requested. If you are a corporate officer, partner, guardian, tax matters partner/person, executor, receiver, registered domestic partner, administrator, or trustee on behalf of the taxpayer, by signing this Power of Attorney you are certifying that you have the authority to execute this form on behalf of the taxpayer.

▶ IF THIS POWER OF ATTORNEY IS NOT SIGNED AND DATED BY AN AUTHORIZED INDIVIDUAL, IT WILL BE RETURNED AS INVALID.

| | | |
|---------------|-----------------------|-----------------------|
| SIGNATURE | TITLE (if applicable) | DATE |
| PRINT NAME | | TELEPHONE () |
| SIGNATURE | TITLE (if applicable) | DATE |
| PRINT NAME | | TELEPHONE () |



QUARTER: _____

NOTE: PLEASE COMPLETE THIS FUEL TAX MILEAGE FORM AND FAX IT TO: 800-687-4815

This form is due in our office by 25th of the month to prevent extra fees.

| | STATE | MILES | GALLONS | | STATE | MILES | GALLONS |
|----|---------------|-------|---------|----|-----------------------|-------|---------|
| AL | ALABAMA | | | NY | NEW YORK | | |
| AK | ALASKA | | | NC | NORTH CAROLINA | | |
| AZ | ARIZONA | | | ND | NORTH DAKOTA | | |
| AR | ARKANSAS | | | OH | OHIO | | |
| CA | CALIFORNIA | | | OK | OKLAHOMA | | |
| CO | COLORADO | | | OR | OREGON | | |
| CT | CONNECTICUT | | | PA | PENNSYLVANIA | | |
| DE | DELAWARE | | | RI | RHODE ISLAND | | |
| DC | DISTRICTS | | | SC | SOUTH CAROLINA | | |
| FL | FLORIDA | | | SD | SOUTH DOKOTA | | |
| GA | GEORGIA | | | TN | TENNESSEE | | |
| ID | IDAHO | | | TX | TEXES | | |
| IL | ILLINOIS | | | UT | UTAH | | |
| IN | INDIANA | | | VT | VERMONT | | |
| IA | IOWA | | | VA | VIRGINA | | |
| KS | KANSAS | | | WA | WASHINGTON | | |
| KY | KENTUCKY | | | WV | WEST VIRGINIA | | |
| LA | LOUISIANA | | | WI | WISCONSIN | | |
| ME | MAINE | | | WY | WYOMING | | |
| MD | MARYLAND | | | AB | ALBERTA | | |
| MA | MASSACHUSETTS | | | BC | BRITISH COLUMBIA | | |
| MI | MICHIGAN | | | MB | MANITOBA | | |
| MN | MINNESOTA | | | NB | NEW BRUNSWICK | | |
| MS | MISSISSIPPI | | | NF | NEWFOUNDLAND | | |
| MO | MISSOURI | | | NS | NOVIA SCOTIA | | |
| MT | MONTANA | | | NT | NORTHWEST TERRITORIES | | |
| NE | NEBRASKA | | | ON | ONTARIO | | |
| NV | NEVADA | | | QC | QUEBEC | | |
| NH | NEW HAMPSHIRE | | | SK | SASKATCHEWAN | | |
| NJ | NEW JERSEY | | | YT | YUKON TERRITORY | | |
| NM | NEW MEXICO | | | | | | |

TOTAL = _____

Signature below certifies that the above information is correct to the best of my knowledge.

DBA/Company _____

Print Name _____ Signature **X** _____ Date _____