



State of Washington  
**DEPARTMENT OF LICENSING**  
PO Box 9228  
Olympia, WA 98507-9228

February 2, 2023

646

AMMANN AUTO TRANSPORT INC  
PO BOX 124  
EPHRATA WA 98823-0124

Letter Id: L1637111808  
Account Number: 0506357-0501  
Account Type: IRP Fleet

## Notice of IRP Renewal Application

Enclosed is your International Registration Plan (IRP) for 2024. Your current registration expires April 30, 2023.

### What you must do

Complete your renewal packet. Report the actual miles for travel during the reporting period of July 1, 2021 through June 30, 2022. Report actual miles for all vehicles including deleted vehicles in the reporting period.

We must have your completed renewal packet before your expiration date. You may complete this electronically or fill out the enclosed and provide by mail. If choosing by mail, we must receive your packet by March 1, 2023.

Electronically  
<https://wadolprft.gentax.com/TAP/>

By mail  
Department of Licensing  
Motor Carrier Services IRP  
PO Box 9228  
Olympia WA 98507-9228

Once we receive your completed renewal packet we will send you an invoice. The payment must be received four weeks before your expiration. After receiving your payment, your credentials will be issued.

### Additional information

- Keep a copy of your renewal for your records.
- No Temporary Authorities can be issued for renewal.
- Include a copy of your current stamped "paid" Federal Heavy Vehicle Use Tax form 2290 Schedule 1 for vehicles over 55,000 Gross Vehicle Weight (GVW) or more
- Include a new registration and purchase price if the Lessor has changed. If the Lessee has changed in a long-term lease of 30 days or more, include a copy of the lease agreement.
- Include the USDOT and FEIN on the Leased Vehicle listing form
- Complete the IRP Established Place of Business, Residency, Change of Address form, if you have any changes.
- To receive full license credit for added vehicles, submit a copy of the registration. Identify the



IRP Fleet number      Registration Period Begin and End      Fein/SSN      IFTA      UBI  
 0506357-0501      01-May-2023 - 30-Apr-2024      83-4097183      0506357      604408794

Name/Physical Address

AMMANN AUTO TRANSPORT INC  
 14211 EMPIRE RD EPHRATA WA 98823-9504

Mailing Address (if different than business address)

PO BOX 124 EPHRATA WA 98823-0124

Contact Information:

Name:

Phone

Fax:

Email:



24002001-000646-02-00000000

**Weight Group: TR-80000-001**

Units listed on this page (within weight group indicated at left) will be authorized to operate in the jurisdictions indicated with maximum gross (combined gross) weight desired.

<b>AB</b> Alberta 80000 lbs	<b>AL</b> Alabama 80000	<b>AR</b> Arkansas 80000	<b>AZ</b> Arizona 80000	<b>BC</b> British Columbia 80000 lbs	<b>CA</b> California 80000	<b>CO</b> Colorado 80000	<b>CT</b> Connecticut 80000
<b>DC</b> Dist. of Columbia 80000	<b>DE</b> Delaware 80000	<b>FL</b> Florida 80000	<b>GA</b> Georgia 80000	<b>IA</b> Iowa 80000	<b>ID</b> Idaho 80000	<b>IL</b> Illinois 80000	<b>IN</b> Indiana 80000
<b>KS</b> Kansas 80000	<b>KY</b> Kentucky 80000	<b>LA</b> Louisiana 80000	<b>MA</b> Massachusetts 80000	<b>MB</b> Manitoba 80000 lbs	<b>MD</b> Maryland 80000	<b>ME</b> Maine 80000	<b>MI</b> Michigan 80000
<b>MN</b> Minnesota 80000	<b>MO</b> Missouri 80000	<b>MS</b> Mississippi 80000	<b>MT</b> Montana 80000	<b>NB</b> New Brunswick 80000 lbs	<b>NC</b> North Carolina 80000	<b>ND</b> North Dakota 80000	<b>NE</b> Nebraska 80000
<b>NF</b> Newfoundland 80000 lbs	<b>NH</b> New Hampshire 80000	<b>NJ</b> New Jersey 80000	<b>NM</b> New Mexico 80000	<b>NS</b> Nova Scotia 80000 lbs	<b>NV</b> Nevada 80000	<b>NY</b> New York 80000	<b>OH</b> Ohio 80000
<b>OK</b> Oklahoma 80000	<b>ON</b> Ontario 80000 lbs	<b>OR</b> Oregon 80000	<b>PA</b> Pennsylvania 80000	<b>PE</b> Prince Edward Island 80000 lbs	<b>QC</b> Quebec 7 lbs	<b>RI</b> Rhode Island 80000	<b>SC</b> South Carolina 80000
<b>SD</b> South Dakota 80000	<b>SK</b> Saskatchewan 80000 lbs	<b>TN</b> Tennessee 80000	<b>TX</b> Texas 80000	<b>UT</b> Utah 80000	<b>VA</b> Virginia 80000	<b>VT</b> Vermont 80000	<b>WA</b> Washington 80000
<b>WI</b> Wisconsin 80000	<b>WV</b> West Virginia 80000	<b>WY</b> Wyoming 80000					

OEN	VIN	Year	Make	Axels\Seats	Type	Fuel	Unladen weight
032	3AKJGLD54FSGH0032	2015	FRHT	3	TR	D	18017
Gross Weight	Purchase Price	Purchase date	Lessor	Use Class	Plate or TPO #		
80000	\$65,000.00	April 29, 2019		CMB	78006RP		
US DOT	3262678						



**Established Place of Business, Residency, or Change of Address**

For new International Registration Plan (IRP) accounts, check the proper box and list your established place of business address. An established place of business is a physical structure—not a post office address—that displays the account name, is owned or leased, and is located within the base jurisdictions. It must be open during normal business hours. If you don't have an established place of business, you must show proof of residency in Washington.

You must also provide three of the following documents: a telephone bill, utility bill, driver license, property tax notification, federal income tax return, personal income tax return, lease or mortgage document, or anything that will identify the name and business address. The copies you provide will be destroyed.

Send this completed form and three supporting documents to:

**Motor Carrier Services IRP Unit  
Department of Licensing  
PO Box 9228  
Olympia, WA 98507-9228**

**Questions**

Call one of the offices below, or visit our website at [www.dol.wa.gov](http://www.dol.wa.gov)

Vancouver 360-260-6396

IRP/IFTA 360-664-1858

**Customer information**

Check one:  IRP New account  Existing IRP/IFTA customer change of address

Account name			
Street Address			
City		State	ZIP code
Are the operational records of the company kept at this address? . . . . . <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," provide the physical address and telephone number of the place where these records are kept:  (Area code) Telephone number _____			
Mailing address			
City			
IRP/IFTA account number	Fleet number	UBI number	(Areacode) Telephone number

I certify under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

**X**

Date and place

Signature

We are committed to providing equal access to our services.  
For information visit [dol.wa.gov/access](http://dol.wa.gov/access). (TDD/TTY call 711)



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