



# Iowa Department of Transportation

Office of Motor Carrier Services  
P.O. Box 10382, Des Moines, IA 50306-0382

Voice: 515-237-3264  
Fax: 515-237-3257

## APPLICATION FOR A MOTOR CARRIER SERVICES CHARGE ACCOUNT

Name		Federal I.D. or Social Security Number		
Street Address				
City	State	Zip Code	Telephone No.	
<input type="checkbox"/> For Hire <input type="checkbox"/> Private <input type="checkbox"/> Shipper <input type="checkbox"/> Processing Agent				
US DOT Number		Interstate Authority		Fax Number
<p>This application is for a self-issue charge account for oversize permits and radioactive waste permits.</p> <p>Upon receipt of a \$100 deposit, an account will be opened enabling your firm to obtain self-issue permits by fax or by telephone or other means as provided by the department. This deposit will not be used for payment of permits; however, it will be applied toward an outstanding delinquent bill upon the closing of an account.</p> <p>Failure to comply with any of the permit requirements may result in the denial of further permits and the cancellation of your account.</p> <p>All account statements are due and payable within 30 days of each billing date. Unpaid accounts are subject to cancellation ten days after that date.</p> <p>If you wish to cancel your account at any time, notify this office in writing and request a refund of your security deposit. If you have any questions, please contact our office at (515) 237-3264.</p> <p>I am hereby applying for a charge account and I understand and agree to comply with the conditions as stated.</p>				
Signature _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <span>(Owner, Partner or Authorized Representative)</span> <span>Title</span> <span>Date</span> </div>				
<b>To Be Completed By Motor Carrier Services</b>				
Check No. _____		Amount _____		Date _____
Charge Account No. Issued _____			Issued Permit Clerk _____	