



Enrollment Application

Please include copies of the following documents when submitting your application:

- Vehicle Registration (Cab Card)*
- International Fuel Tax Agreement (IFTA) License
- Vehicle Reference Number (VRN)**
- PrePass Ag Application***
- Oregon Green Light/NORPASS Form***
- North Carolina Truck Image***

*If enrolling multiple vehicles, provide a list with each truck number, plate number and issuing state and VIN

**Only if enrolling in PrePass Plus toll services. See the VRN chart in this packet

***If applicable

Please complete all applicable sections of the application

APPLICANT

Complete all Account and Contact fields. No PO Boxes. If there is only one contact for the account, complete the Billing section and check the box. If you want to pay with a credit card, contact us at 1.800.PREPASS (800.773.7277) after you receive your device.

SERVICES

Check all that apply. Please note that PrePass Plus, Oregon Green Light/NORPASS and PrePass Ag all require additional information/documentation. North Carolina requires a truck image on file before that truck can be eligible to bypass in the State. Please contact us at 1.800.PREPASS (800.773.7277) with questions about the additional requirements.

HAZARDOUS CARGO

Check all that apply.

AGREEMENT

Sign and date where indicated.

HOW DID YOU HEAR ABOUT PREPASS?

Check one.

Fax the completed application and copies of the required documents to 1.866.445.1215 or email them to sales@PrePass.com. Or mail the documents to:

PrePass
Attn: New Applications
101 North First Avenue, Suite 2200
Phoenix, AZ 85003

SALES@PREPASS.COM | 1.800.PREPASS (800.773.7277)



ACCOUNT APPLICATION



Submit this form by one of the following methods, along with copies of your operating credentials.
Fax: 866.445.1215 | Mail: 101 N 1st Ave Ste. 2200, Phoenix, AZ 85003 | Email: Sales@PrePass.com

APPLICANT

Account Name:		Application Type: <input type="checkbox"/> New Account <input type="checkbox"/> Existing Account #	
Company Leased To or DBA Name:		USDOT Number:	CA Number:

BILLING

Billing Contact (<input type="checkbox"/> Use this information for all contacts):			Phone: <input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other		
Address:			Fax:		
City:	State:	ZIP:	Email:		

SHIPPING

Shipping Contact:			Phone: <input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other		
Address:			Fax:		
City:	ST:	ZIP:	Email:		

LICENSES & PERMITS

L&P Contact:			Phone: <input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other		
Address:			Fax:		
City:	ST:	ZIP:	Email:		

SERVICES

Services Applying For:

PrePass PrePass Plus PrePass Ag** PrePass ELD
 Oregon Green Light / NORPASS* Tolls Only ** Requires Signed Ag Application

* Requires Signed Data Privacy Waiver

HAZARDOUS CARGO

Hazardous Loads Hauled By Your Vehicles: (Choose All That Apply)		Hazardous Cargo Frequency: (Choose One)	
<input type="checkbox"/> Hazardous Materials	<input type="checkbox"/> Hazardous Waste	<input type="checkbox"/> Fuel Tankers	<input type="checkbox"/> None
<input type="checkbox"/> Dedicated		<input type="checkbox"/> Occasional <input type="checkbox"/> No Hazardous Cargo	

AGREEMENT

By signing below, I certify that I have read and understood the information on all pages of this application and the PrePass License Agreement, and indicate my authority and consent to bind the applicant in whose name this application is made to these terms. I attest that the included operating credentials and the information provided on all pages of this application are valid and accurate to the best of my knowledge.


Signature:	Title:	Date:
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HOW DID YOU HEAR ABOUT PREPASS?

Word Of Mouth Direct Mail Internet Magazine Ad Sales Representative | Name: _____
 Radio Ad State Trucking Assn. Trade Show E-ZPass OOIDA | Member Number: _____
 PrePass Customer Referral | Account #: _____ Customer Name: _____
 Other: _____ PROMO CODE: _____


VEHICLE REFERENCE CHART


If applying for PrePass Plus or Tolls Only, use this chart to determine the Vehicle Reference Number (VRN) for each vehicle. To avoid unnecessary charges, choose the vehicle's most common configuration.


 STRAIGHT TRUCKS	VRN
2 axles, 4 tires (up to 7,000 lbs.)	520
2 axles, 4 tires (over 7,000 lbs.)	522
2 axles, 6 tires (up to 7,000 lbs.)	521
2 axles, 6 tires (over 7,000 lbs.)	523
3 axles, 6 tires (up to 7,000 lbs.)	524
3 axles, 6 tires (over 7,000 lbs.)	526
3 axles, 8 or 10 tires (up to 7,000 lbs.)	525
3 axles, 8 or 10 tires (over 7,000 lbs.)	527
4 axles, 8 tires (up to 7,000 lbs.)	528
4 axles, 8 tires (over 7,000 lbs.)	530
4 axles, 10 or more tires (up to 7,000 lbs.)	529
4 axles, 10 or more tires (over 7,000 lbs.)	531
5 axles, 10 tires (up to 7,000 lbs.)	532
5 axles, 10 tires (over 7,000 lbs.)	534
5 axles, 12 or more tires (up to 7,000 lbs.)	533
5 axles, 12 or more tires (over 7,000 lbs.)	535
6 axles, 12 tires (up to 7,000 lbs.)	536
6 axles, 12 tires (over 7,000 lbs.)	538
6 axles, 14 or more tires (up to 7,000 lbs.)	537
6 axles, 14 or more tires (over 7,000 lbs.)	539
7 axles, 14 tires (up to 7,000 lbs.)	540
7 axles, 14 tires (over 7,000 lbs.)	542
7 axles, 16 or more tires (up to 7,000 lbs.)	541
7 axles, 16 or more tires (over 7,000 lbs.)	543

 AUTO TRANSPORTERS*	VRN
3 axles (under 65')	591
4 axles (under 65')	595
5 axles (under 65')	599
6 axles (under 65')	603
7 axles (under 65')	607
4 axles (over 65')	659
5 axles (over 65')	663
6 axles (over 65')	667
7 axles (over 65')	671

*THESE VEHICLE TYPES ARE CLASSIFIED AS HAVING DUAL REAR WHEELS AND A GROSS VEHICLE WEIGHT (GVW) GREATER THAN 7,000 LBS.

 TRACTOR-TRAILER COMBINATIONS	VRN
3 axles, trailer less than or equal to 48'	719
4 axles, trailer less than or equal to 48'	723
5 axles, trailer less than or equal to 48'	727
6 axles, trailer less than or equal to 48'	731
7 axles, trailer less than or equal to 48'	735
3 axles, trailer over 48' but less than or equal to 53'	783
4 axles, trailer over 48' but less than or equal to 53'	787
5 axles, trailer over 48' but less than or equal to 53'	791
6 axles, trailer over 48' but less than or equal to 53'	795
7 axles, trailer over 48' but less than or equal to 53'	799

 TANDEM TRACTOR-TRAILER COMBINATIONS*	VRN
5 axles, 2 trailers ea. (less than or equal to 28 1/2')	855
6 axles, 2 trailers ea. (less than or equal to 28 1/2')	859
7 axles, 2 trailers ea. (less than or equal to 28 1/2')	863
8 axles, 2 trailers ea. (less than or equal to 28 1/2')	867
9 axles, 2 trailers ea. (less than or equal to 28 1/2')	871
10 axles, 2 trailers ea. (less than or equal to 28 1/2')	875
5 axles, 2 trailers ea. (over 28 1/2')	919
6 axles, 2 trailers ea. (over 28 1/2')	923
7 axles, 2 trailers ea. (over 28 1/2')	927
8 axles, 2 trailers ea. (over 28 1/2')	931
9 axles, 2 trailers ea. (over 28 1/2')	935
10 axles, 2 trailers ea. (over 28 1/2')	939
5 axles, 1 trailer ea. (less than or equal to 28 1/2')	983
6 axles, 1 trailer ea. (less than or equal to 28 1/2')	987
7 axles, 1 trailer ea. (less than or equal to 28 1/2')	991
8 axles, 1 trailer ea. (less than or equal to 28 1/2')	995
9 axles, 1 trailer ea. (less than or equal to 28 1/2')	999
10 axles, 1 trailer ea. (less than or equal to 28 1/2')	1003

 TRACTOR/MOBILE HOME COMBINATIONS	VRN
3 axles	1103
4 axles	1107
5 axles	1111
6 axles	1115
7 axles	1119
8 axles	1123
9 axles	1127
10 axles	1131



**Waiver of PrePass® Data Privacy Policy
(NORPASS and Oregon Green Light Preclearance Program)**

Submit these two forms by one of the following methods:

Fax: 866.437.2301 | Mail: 510 W. Parkland Drive Sandy, UT 84070

Email: prepassupdates@prepass.com

Account Number: _____ Account Name: _____

Contact Name: _____ Contact Number: _____

USDOT #: _____

Program(s) Requested: NORPASS
OR Green Light

In accordance with the terms and conditions of the PrePass® License Agreement, it is the policy of Heavy-Vehicle Electronic License Plate, Inc. (HELP) to preserve bypass transaction data and all carrier business information with the utmost confidentiality. Vehicle-specific transaction data is used only for the purpose of managing PrePass® bypass events. Such data is not publicly disclosed and is not permanently retained. Please refer to HELP’s data policy at PrePass.com for more information.

You have requested to register or have PrePass® customer service register your HELP device with the North American Preclearance and Safety System (NORPASS) and the Oregon Green Light Preclearance Program (OR Green Light). HELP may be required to provide your bypass transaction data* to NORPASS/OR Green Light for its operational and policy related requirements. By registering your HELP Device in the NORPASS/OR Green Light Preclearance system(s), you acknowledge the possibility of this data exchange and hereby authorize HELP to provide bypass transaction data to NORPASS/OR Green Light and waive the application of the PrePass® Data Privacy Policy relating to NORPASS/OR Green Light system requests. HELP devices registered with NORPASS/OR Green Light will also be subject to NORPASS/OR Green Light regulations.

Carrier Name

Authorized Signature

Date

* Bypass transaction data is defined as credential and USDOT information for the purposes of NORPASS/Oregon Green Light enrollment requirements and does not include any weigh station bypass event detail. Bypass transaction data will include (1) Carrier Name, (2) USDOT Number, (3) Vehicle Identification Number (VIN), (4) Unit Number, (5) License Plate Number and (6) Transponder Serial Number.



Oregon Green Light Preclearance Program Account Number Disclosure

To participate in Oregon's Green Light program, a carrier must have a permanent Oregon account and have vehicles registered with ODOT. For details on how to set up a permanent account and register vehicles, contact the Motor Carrier Registration Unit at 503-378-6699 (hours of operation are 7 days a week from 4:30 am to midnight).

Alternatively, visit: <http://www.oregon.gov/ODOT/MCT/Pages/MotorCarrierAccount.aspx>

Account Number: _____ Account Name: _____

Contact Name: _____ Contact Number: _____

USDOT #: _____ Oregon
Account Number: _____

I verify that the above Oregon Account Number is my correct number.

Carrier Name

Authorized Signature

Date



Office of Agricultural Law Enforcement

PREPASS AG APPLICATION

NIKKI FRIED
COMMISSIONER

FLORIDA AGRICULTURAL AND ELECTRONIC BILL OF LADING PRE-CLEARANCE PROGRAM

Please fax your completed and signed form to 1-866-437-2300, email it to prepassupdates@prepass.com or mail it to: PrePass Ag, 510 Parkland Drive, Sandy, UT, 84070

APPLICANT INFORMATION			
Company Name:		USDOT No.:	
Mailing Address:	City:	State:	Zip Code:
Physical Address:	City:	State:	Zip Code:
BILL OF LADING CONTACT			
Contact Name:		Title:	
Phone: <input type="checkbox"/> Office <input type="checkbox"/> Mobile <input type="checkbox"/> Home <input type="checkbox"/> Other			Fax:
TERMS AND CONDITIONS			
<p>The applicant trucking concern or truck line, hereby requests enrollment from the Florida Department of Agriculture and Consumer Services and the Florida Department of Revenue in the Florida Agricultural and Electronic Bill of Lading Pre-clearance Program.</p> <p>Applicant shall attach to this application a listing of the tractor tag number and state of issue for each truck being enrolled in the Florida Agricultural and Electronic Bill of Lading Pre-clearance Program.</p> <p>Applicant hereby agrees to abide by all of the following stipulations, provided approval is granted to participate in the Florida Agricultural and Electronic Bill of Lading Pre-clearance Program:</p> <ol style="list-style-type: none"> (1) Applicant agrees to provide direct to the Florida Department of Revenue, all Florida destination bills of lading in an approved electronic format. This includes bills of lading for shipments that originated outside Florida that are delivered to a final destination in Florida. These electronic bills of lading must be submitted on a calendar quarter basis, unless an alternative reporting cycle is approved in writing by the Florida Department of Revenue. This data must be received by the Florida Department of Revenue within 30 days after the end of each quarter. After an applicant is approved for participation in the Florida Agricultural and Electronic Bill of Lading Pre-clearance Program, the applicant should begin sending the required electronic data when so notified by the Florida Department of Revenue. (2) Applicant shall be a recognized trucking concern or truck line engaged primarily in the transportation of commodities other than commodities over which the Florida Department of Agriculture and Consumer Services (FDACS) exercises regulatory authority. Applications received from trucking concerns and truck lines that routinely or regularly transport agricultural, horticultural, aquaculture, livestock or other commodities over which FDACS exercises regulatory authority will be denied. (3) Applicant understands that enrollment in the Florida Agricultural and Electronic Bill of Lading Pre-clearance Program does not preclude any FDACS representative from inspecting the cargo, or absence thereof, regular manifest and/or other bills of lading of all vehicles at all Florida terminals or drop sites any time, as provided by Florida Statutes. (4) Applicant agrees that each and every truck shipment which contains or includes agricultural, horticultural, aquaculture, livestock or other commodities over which FDACS exercises regulatory authority will voluntarily stop at all agricultural inspection stations and declare such commodities even when enrolled in the Florida Agricultural and Electronic Bill of Lading Pre-clearance Program. (5) Applicant understands that all vehicles enrolled in the Florida Agricultural and Electronic Bill of Lading Pre-Clearance Program approaching a specified agricultural inspection station may be randomly selected and routed into the inspection station for visual inspection of the cargo, regular manifest and/or other billing, as part of the FDACS random compliance check. (6) Applicant agrees to comply with all applicable Florida statutes and administrative rules. (7) Applicant understands that the privilege of participating in the Florida Agricultural and Electronic Bill of Lading Pre-clearance Program may be revoked or cancelled for failure to comply with any of the above mentioned stipulations. 			
AGREEMENT			
This application must be signed by an officer, director, partner, or owner of the trucking concern or truck line			
Signature:		Title:	Date:
Print Name:		Phone: <input type="checkbox"/> Office <input type="checkbox"/> Mobile	
THIS SPACE RESERVED FOR USE BY THE FDACS OFFICE OF AGRICULTURAL LAW ENFORCEMENT			
Application Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Effective Date:	Signature:
THIS SPACE RESERVED FOR USE BY THE FLORIDA DEPARTMENT OF REVENUE			
Application Decision: <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Effective Date:	Signature: