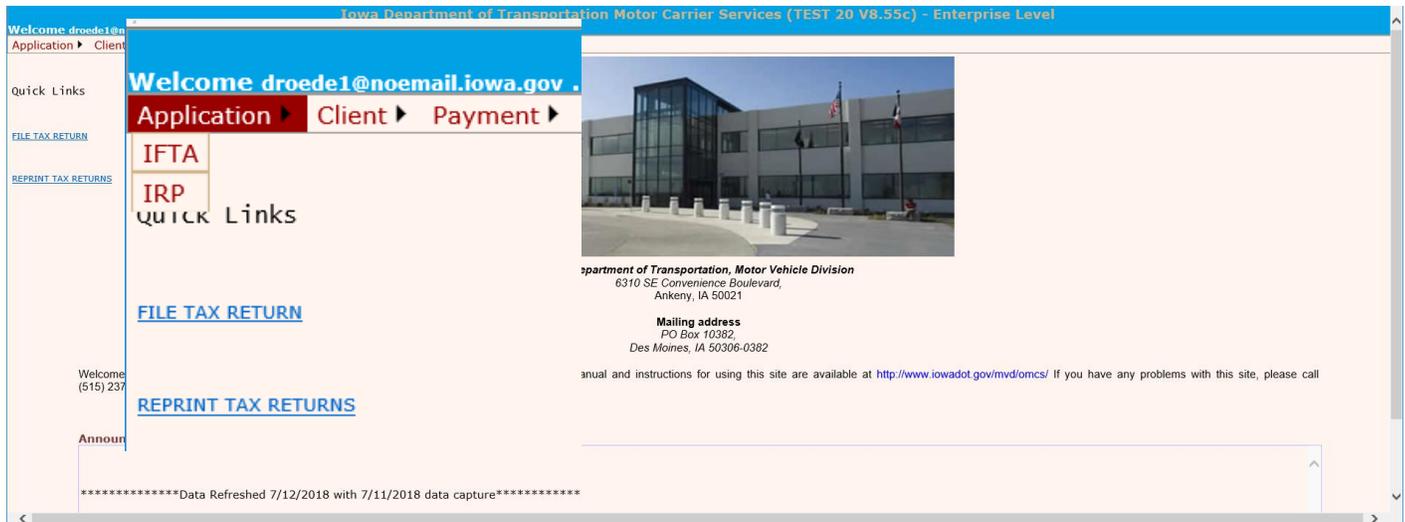
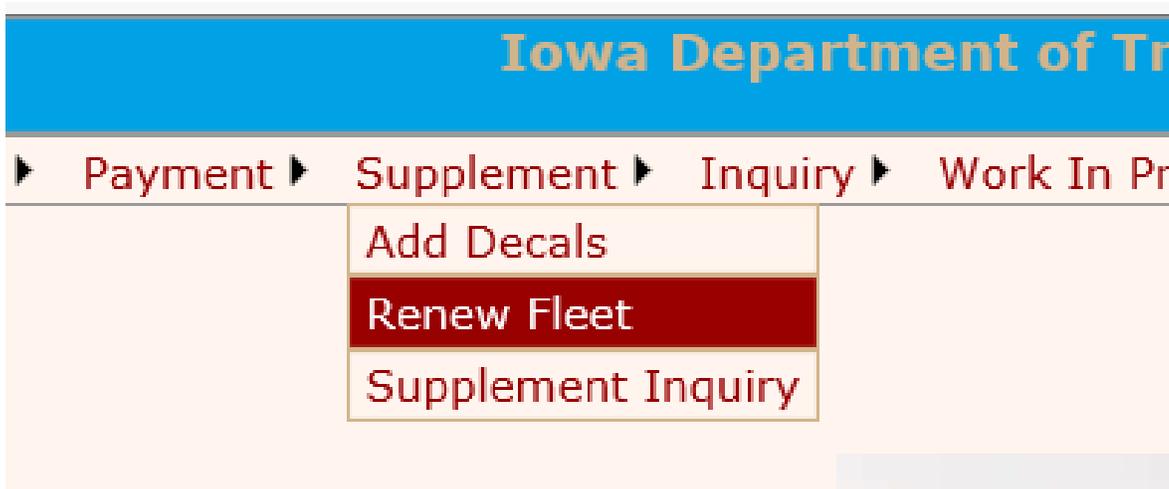


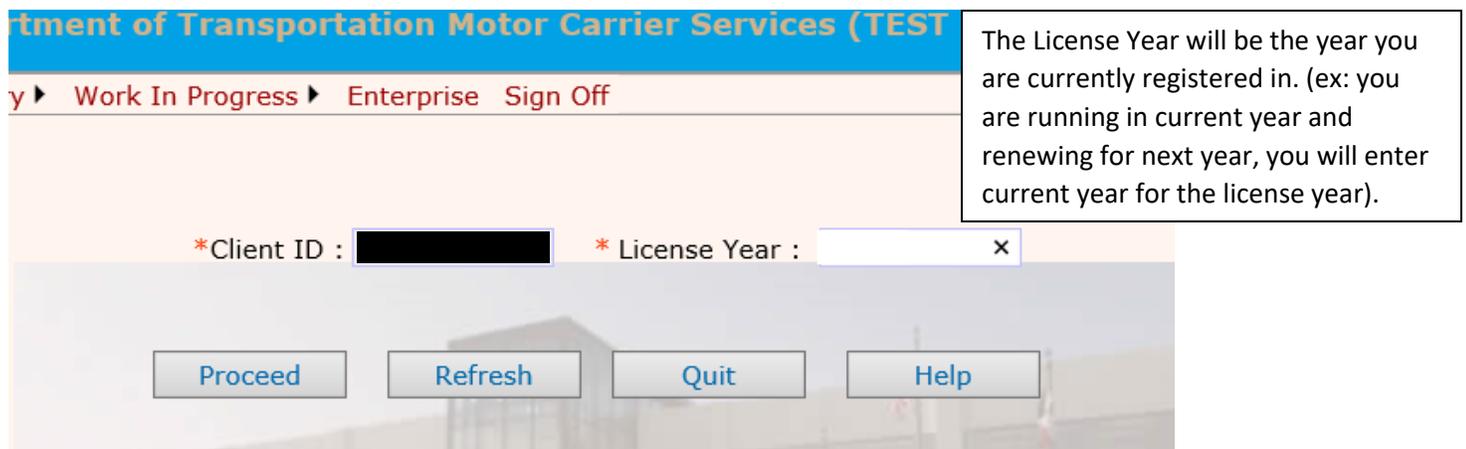
Log into your account on the IRP/IFTA System, hover over Application and select IFTA



Hover over Supplement and select **RENEW FLEET**. **DO NOT SELECT "ADD DECALS"**



In "License Year" type in current year (this is the year you currently running in) then click on "Proceed".



Make sure the number of IFTA Decal Sets Required is the correct number of decals you need. If it is correct, click on Proceed, if the number is not correct, enter the number of sets needed and then click "Proceed."

Electronic Filer

Place of Business | Mailing Address | Shipping Address | Location of Re

Street1: 3RD STREET NE
 ZIP Code: 52040

Operation Info | Reporting Service

* Fuel Type: propane A-55 CNG
 Ethanol E-85

* No. of IFTA Decal Sets Required: 5

Proceed Refresh Quit Help

After proceeding, the next screen is for you to double check your information, if it is correct click on "Proceed", if it is not, click "Back", and correct the information that is wrong and proceed.

Iowa Department of Transportation Motor Carrier Services (TEST 20 V8.55c) - Ifta Level

Welcome droidet@noemail.iowa.gov

Fleet | Billing | Payment | Permit | Credentials | MainMenu

Fleet Details

Client ID: Licensee Name: Do Business As: Cont

Fleet Effective Date: Fleet Expiry Date: Fleet

Phone No: Ext: Fax N

Electronic Filer: N Email Address: Carri

Place of Business | Mailing Address | Shipping Address | Location of Records

Street1: Street2: City: DUBUQUE

ZIP Code: Jurisdiction: IA-IOWA County: DUBUQUE Country: US

Operation Info | Reporting Service

Fuel Type: Diesel: Y Propane: N A-55: N CNG: N
 M-85: N LNG: N Methanol: N Gasohol: N
 Ethanol: N E-85: N BioDiesel: N Gasoline: N

No. of IFTA Decal Sets Required: 5

Proceed Back Quit

Fleet Effective date will show 1/1/**new** registration year. The Fleet Expiry date will show 12/31/**new** registration year.

The next screen is the "Billing" screen, this screen will show you how much you owe for your decals, click on "Proceed". **You cannot order temporaries on your renewal.**

Iowa Department of Transportation Motor Carrier Services (TEST 20 V8.55c)

Welcome droede1@noemail.iowa.gov

Fleet Billing Payment Permit Credentials MainMenu

IFTA BILLING DETAILS

Client ID		Licensee Name	
Supplement No.	0	License Year	
Supplement Status	OPEN	Supplement Type	RENEW FLEET
No. of Sets of Decals	5	Billing Date(mm/dd/yyyy)	10/04/2018
Escrow Balance	0.00		
License Fee	0.00	Waive	<input type="checkbox"/>
Decal Fee	2.50	Waive	<input type="checkbox"/>
Shipping Fee	0.00	Override	<input type="checkbox"/> 0.00
Total Due	2.50		
30 Days Temporary	<input type="checkbox"/>		

Buttons: Proceed Refresh Quit Help Cancel

Supplement No.	0	Supplement Type	RENEW
Supplement Status	OPEN		
No. of Sets of Decals	5		
Escrow Balance	0.00	Billing Date(mm/dd/yyyy)	10/04/2018

License Fee	0.00	Waive	<input type="checkbox"/>
Decal Fee	2.50	Waive	<input type="checkbox"/>
Shipping Fee	0.00	Override	<input type="checkbox"/> 0.00
Total Due	2.50		
30 Days Temporary	<input type="checkbox"/>		

Buttons: Proceed Refresh Quit Help Cancel

Select the electronic Delivery type and Shipping Type then click on "Proceed".

Tax Return Reprint Fee 0.00

Total Due 2.50

Credentials Assignment Type

Electronic Delivery Type

Buttons: Proceed Refresh

Shipping Type

M-Mail
P-Pickup
O-Others

The next screen is a verification screen for you to check your information, if all is okay, click on “Proceed” if a change needs to be made, click on “Back”.

The License Year will be the year you have just renewed. ex: you are currently in 2023 and renewed for 2024, so the license year will read **2024**.

IFTA Payment Details Verification

Client ID: [Redacted]
 Licensee Name: [Redacted]
 License Year: 2024
 Supplement Desc: RENEW FLEET
 Invoice No: 1028012
 Supplement Status: I-INVOICED
 Receipt Date: 11/1/2023

Fees Section			
License Fee:	0.00	Waived:	N
Decal Fee:	2.50	Waived:	N
Shipping Fee:	0.00	Overridden:	N 0.00
Tax Return Reprint Fee:	0.00	Waived:	N
Total Due:	2.50	Escrow Balance:	0.00
		Use Carrier's Inventory:	N

Credentials Assignment Type

Electronic Delivery Type: D-PDF
 Shipping Type: M-Mail

To pay on line, the Payment Type defaults to ePayment, you can use a credit or debit card or a check to pay, there will be a \$1.50 convenience fee that is added to your payment. On this screen click on ePayment on the lower-right side.

Check/Receipt Number	Delete
<input type="text"/>	<input type="checkbox"/>

Fees Section			
Total Due	<input type="text" value="2.50"/>	Escrow Balance	<input type="text" value="0.00"/>
Convenience Fee	<input type="text" value="1.50"/>		

Payment Section	
Payment Type	Amount
<input type="text" value="ePayment"/>	<input type="text"/>

Once you click on ePayment a message will display at the top of the screen telling you not to close the window, what to do if the popup does not come up and there will be a \$1.50 charge.

- IRPPAY50 : Do not close the window, electronic payment has been selected and the U.S. Bank system is processing your payment request.
- IRPPAY51 : if the pop up does not come up, please select Reload.
- IRPPAY57 : additionally \$1.50 will be charged as an E-payment Convenience fee to your total amount.

A “form” will pop up for you to fill in, once you have completed it, and selected your payment method, and entered that information, click on “Continue” on the bottom Right side of the form.



Make a Payment

My Payment

State of Iowa TEST site PWD

Amount Due \$4.00

Payment Information

Frequency One Time

Payment Amount \$4.00

Payment Date Pay Now

Contact Information

First Name

Last Name

Company

Address 1

Address 2 (Optional)

City/Town

State/Province/Region IA

Zip/Postal Code 52040

Country US

Phone Number

Payment Method

Payment Method
Checking or Savings
Credit/Debit Card

Continue

[Cancel](#)

Review your information on the next page

Description	International Fuel Tax Application IA DOT IFTA https://iftairptest.iowadot.gov/Login.aspx
Payment Amount	\$3.00
Payment Date	03/19/██████

Payment Method

Payer Name	test tester
Card Number	████████████████████
Expiration Date	Jan-20██
Card Type	Visa
Confirmation Email	████████████████████

Billing Address

Address 1	████████████████████
City/Town	WEST DES MOINES
State/Province/Region	IA
Zip/Postal Code	50265
Country	United States

Your payment will automatically process, once it is done your receipt will pop up and can be printed along with your IFTA license.

A shipping document will print at the Motor Carrier Services office and your decals will be mailed out.