



DOT Safety Helpers, Inc.

1585 Ellinwood Ave. Suite 206 Des Plaines, IL 60016 Tel. (773) 647-3100 ext. 101 Fax (312) 934-0090

2021 First Time IRP RENEWAL

Everything without leaving your own office!!!!!!!

Company or Individual Person Name: _____

Address: _____
Street number, Street Name, City, State, Zip Code

Phone #: _____
EIN #: ____ - ____ **E-mail Address:** _____

NUMBERS: *(Safety/ Carrier Sign)*

DOT #: _____ **MC #:** _____ and
EIN #: ____ - _____ related to above numbers.

Enter the Unit # what you don't want to Renewal:

UNIT# _____ UNIT# _____ UNIT# _____ UNIT# _____ UNIT# _____ UNIT# _____ UNIT# _____

Do You Need a SHV (SPECIAL HAULING VEHICLE PERMIT) ? **Yes:** ____ **No:** ____

Do You have a copy of the Form 2290? **Yes:** ____ **No:** ____
(Heavy Highway Vehicle Use Tax Return)

If Yes, please send us copies for all unit by attaching to this order form.
If Not, witch Units (total Gross Weights over 49,999 pounds) still need to be paid :
UNIT# _____ UNIT# _____ UNIT# _____ UNIT# _____ UNIT# _____ UNIT# _____ UNIT# _____

Please attache to email:

1. Copy of your CDL or copy of driver CDL if applicant does not have a valid CDL and a copy of your driver's license
2. Copy of the Articles of Incorporation for your company
3. Social Security Number and/or Employee Identification Number
4. Proof of ownership: Title, ST-556 Form, Bill of Sale or invoice (issued by a licensed dealer)
5. Prospective employer (if any: name, address, phone number, Safety Carrier DOT #, Safety Carrier TIN # (EIN#),
6. Proof of address with any four of the below documents (no older than 60 days):
Phone bill (mandatory), Electric bill, Gas bill, Water bill, Cable bill, Internet bill, Lease agreement, Mortgage statement; Real estate tax bill, Insurance for car or truck (must be a certificate, declaration page or a bill),

Please be advised that you will receive a discount for our service. Call me at 1-224-770-1153

The Application Fee is Just \$75.00

Authorized Signature

Date