

Truck Additions

Please Type or Print Clearly Complete All Information Below

		Date:			
Account Number:	Account Name:	Contact Name:			
Email Address:	Phone Number:	Fax Number:			
Directions: If you are adding trucks can also email it to prepassupdat		low and fax this form to our Customer Service Center at 866-437-2301. You			
To be eligible to bypass in Californ	nia, vehicles must be one of the following three (3)	types. Please check applicable box:			
Check One: Truck Tractor	■ Motor truck of 3 or more axles	☐ Vehicles over 26,000 lbs. Gross Vehicle Weight			
	d a current copy of the vehicle registration (cab car 277) or email us at: prepassupdates@prepass.c	d) for each vehicle listed on this form. If you have questions, please call om			
Note: Arkansas - Vehicles with a	Gross Vehicle Weight of 26,000 pounds or less ar	e not eligible.			
Note: California – Two-axle straig subject to Federal Motor Carrier S	,	hicles are not eligible unless they are part of an interstate fleet and			
Are all of the registered weights or	n your vehicle Registration (Cab Card) 80,000? Yes	s No			
If you answered no, you must also	include a copy of each current registration to enrol	I.			

Truck Number	IRP Acct. #	Fleet Number	Truck Reg. Expiration Date	Plate Number	Complete VIN	Do you need a PrePass Device? (Y/N)	If "N" enter the PrePass Device Number