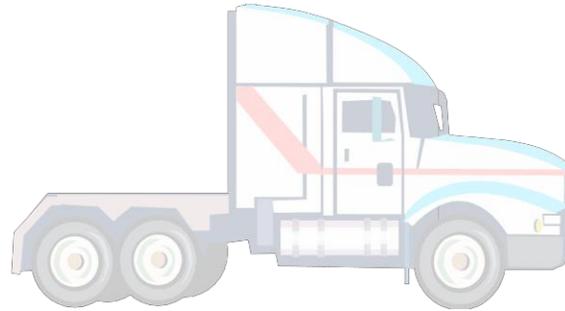


# **INTERNATIONAL REGISTRATION PLAN**

## **INSTRUCTIONS FOR COMPLETING APPLICATION FORM 85900**



**Department of Highway Safety and Motor Vehicles  
Bureau of Commercial Vehicle and Driver Services**

### **OUR MISSION**

PROVIDING HIGHWAY SAFETY AND SECURITY THROUGH EXCELLENCE IN SERVICE, EDUCATION, AND ENFORCEMENT

### **OUR VISION**

A SAFER FLORIDA!



**WHEN COMPLETING THE IRP APPLICATION  
PLEASE TYPE OR PRINT LEGIBLY IN INK**

**SCHEDULE A**

1. FULL NAME (of Applicant) – Enter the applicant’s full name or, if the applicant has a legal business name, the name under which the applicant conducts business. EXAMPLE: John J. Doe (applicant’s full name); or Ace Trucking Company (business name). If the applicant is a service representative for a household goods carrier, provide both the applicant’s name and the household goods carrier’s name on this line of the application. EXAMPLE: Jack A. Dunn/Able Moving & Storage Company.
2. FLORIDA PHYSICAL ADDRESS (Business or Residence) – Enter the full address (including apartment or unit number, if applicable) of the physical structure where the applicant maintains an established place of business or a residence. To base the vehicles in Florida, the IRP requires that this address must be in Florida. However, if it is a business address, the IRP also requires that the business be open during regular business hours and have at least one person on the applicant’s payroll performing general truck-related business on behalf of the applicant. If the business does not meet these requirements, the applicant’s Florida residential address may be used instead. Check the box to indicate whether the physical address provided is the applicant’s established place of business (as defined by the IRP) or residence.

**NOTE:** Post Office Box Numbers are not acceptable forms of business or residence address for IRP registration. Additionally: business street addresses belonging to a third party (for example, a courier service) and used for Mail Only do not qualify as an “established business” and independent contractors or carrier services paid by the applicant to perform certain authorized duties do not qualify as “employees” or “staff” of the applicant.

3. APPLICANT MAILING ADDRESS – Enter the mailing address belonging to the actual applicant.
4. APPLICANT TELEPHONE NUMBER – Enter the area code and telephone number belonging to the applicant.
5. APPLICANT EMAIL ADDRESS - Enter the email address belonging to the applicant.
6. U.S. DOT NUMBER – Enter the applicant’s United States Department of Transportation (U.S. DOT) number, only if the applicant is registered as a motor carrier and will be operating under his or her own authority.

7. FEIN - Enter the applicant's Federal Employer Identification Number (FEIN). This number is required to cross reference with the applicant's International Fuel Tax Agreement (IFTA) account.
8. IRP ACCOUNT NUMBER – An IRP account number will be assigned to the applicant by the Bureau of Commercial Vehicle and Driver Services (BCVDS) once the application has been processed. After the IRP account number has been assigned, this number is to be used on all future applications, correspondence, and documents sent to the BCVDS pertaining to that specific account.
9. FLEET NUMBER – A fleet is defined as one or more apportioned vehicles traveling in the same jurisdiction under the same company name. Each designated fleet must be submitted on a separate IRP application form.
10. NAME OF AUTHORIZED AGENT/PERSON TO CONTACT – This is the person who BCVDS should contact regarding this application and/or account. Enter the full name of the contact. The applicant will need to execute a Power of Attorney (Form HSMV 96440) to authorize this person to transact on his or her behalf.
11. AUTHORIZED AGENT/CONTACT TELEPHONE – This is the full telephone number (with area code) of the authorized agent or contact person named above.
12. REGISTRATION YEAR – This is the 12-month period during which your registration will be valid. It is expressed as the calendar year in which your registration expires. EXAMPLES: if your registration period was 02/01/2018 through 01/31/2019, you would enter 2019 as your registration year. If your registration period was 11/01/2019 through 10/31/2020, you would enter 2020, etc. Consult BCVDS for assistance.
13. TYPE OF OPERATION – Check the appropriate box to indicate the type of business operation that will be performed.  
  
**PRIVATE CARRIER** - A private carrier is an individual or company whose primary vehicle use is for the advancement of this business, which is not a transportation business. Private carriers haul their own goods, using their own equipment.  
  
**FOR-HIRE CARRIER** - A for-hire carrier is an individual or company whose vehicles are primarily used in the furtherance of a transportation business. These carriers use their own equipment.  
  
**HOUSEHOLD GOODS CARRIER** - A business operation where the carrier is hauling household type goods; e.g., a moving company is considered a household goods carrier.
14. ARE YOU AN EXEMPT COMMODITY CARRIER? – If you are not certain whether you meet the exemption criteria of the United States Department of Transportation (U.S. DOT), Federal Motor Carrier Safety Administration (FMCSA), contact the U.S. DOT FMCSA Tallahassee, Florida regional office at (850) 942-9338, or U.S. DOT at (800) 832-5660.

15. TYPE OF APPLICATION – Check the appropriate box to indicate the particular type of application you are submitting.

**ORIGINAL** – Check this box only if this is the first time the applicant is obtaining IRP registration in the state of Florida.

**RENEWAL** – If a registrant cannot locate the computer-generated renewal application that is sent approximately 90 days prior to the expiration of the IRP registration, a completed Form 85900 (Schedule A & B) may be submitted with this box checked.

**ADD FLEET** - All vehicles must be classified into fleet groups and weight groups. Check this box if you need to add a fleet to your existing registration. A fleet is one or more vehicles that all travel in the same states.

**ADD VEHICLE** - Check this box if you wish to add a vehicle or vehicles to your existing IRP registration. All documents listed on pages 11 and 12 of this book must be submitted prior to issuance of the apportioned registration of the added vehicle.

**TRANSFER** - Check this box to transfer an IRP plate from a deleted vehicle to another vehicle, provided the vehicle is registered in the same name. The fee for transferring a license plate will vary depending upon the state(s) the vehicle will be operated in. All states do not charge the same fees for transferring an IRP plate.

**INCREASE WEIGHT** - Check this box if you wish to increase the weight of a vehicle already registered.

**FLEET TO FLEET TRANSFER** – (Florida Allows). Check this box and complete and submit Schedule A.

**CORRECTION** - Check this box if you need to make supplemental corrections/changes to a registration after the original or renewal registration has been issued. Corrections/changes to an IRP application may include administrative corrections; changing ownership; changing type of operations, or increasing the weight of a vehicle. Be sure to give reason in the provided space.

16. TRANSACTION TYPE – Enter the appropriate letter code for the vehicle transaction(s) you are requesting, as described above.  
**A** = Add; **C** = Correction; **D** = Delete; **O** = Original; **R** = Renewal. NOTE: A carrier may only delete a vehicle; reduce weights and miles; or change the name on the account as part of a REGISTRATION RENEWAL and PRIOR to paying the renewal bill.

17. OWNER'S UNIT NUMBER – Enter the number assigned by the applicant for the unit. Do not duplicate unit numbers.

18. YEAR – Enter the vehicle's model year as shown on the vehicle's Certificate of Title. You may enter the last two digits.

19. MAKE – Enter the make of the vehicle using the abbreviation as shown on the vehicle’s Certificate of Title.
20. VEHICLE IDENTIFICATION NUMBER – Enter the vehicle identification number (VIN) for each vehicle being registered.
21. TYPE – Enter the Vehicle Type using the appropriate code (letters) listed on the application: **TT** = Truck Tractor; **TR** = Tractor; **TK**= Truck (Single); **BS** = Bus. **NOTE:** The vehicle type must match what is on the vehicle title.
22. AXLES –You must enter the number of axles for **both** your power units and trailers, if applicable, including axles in a tandem group, so the total number of axles will be reflected on your cab card. **Definition of Tandem Axle: An assembly of two axles and either axle may be powered.** Travel in some Canadian Provinces may result in fines if you fail to accurately report your total axles.
23. BUS SEATS – If the vehicle is a bus, enter the rated seating capacity.
24. FUEL – Enter the type of fuel used in the power unit, using the appropriate code (letter) listed on the application:  
**D** = Diesel; **G** = Gas; **P** = Propane
25. COLO LOW MILES - Colorado Low Miles – Check this box if the combined number of miles the vehicle will travel in all reported jurisdictions during the license period is less than 10,000 miles.
26. VEHICLE COLOR – Enter the primary color of the power unit.
27. GROSS OR COMBINED GROSS WEIGHT – Enter the maximum gross weight or combined gross weight (including the weight of the load) of the vehicle or vehicle combination (the power unit and the trailer or semi-trailer).
28. EMPTY WEIGHT (Unladen Weight) – Enter the actual weight of the vehicle, including the cab, body, and all accessories with which the vehicle is equipped for normal use on the highway, excluding the trailer and the weight of any load. The unladen weight must be the same as reflected on the title. **DO NOT USE** the empty (unladen) weight shown on the vehicle’s current registration, if it reflects the combined weight of the tractor and trailer.
29. DATE OF PURCHASE (M/D/Y) – Enter the numerical equivalents for the month, day, and year that the vehicle was purchased by the current owner. You may enter the last two digits for the year. **EXAMPLE:** If the vehicle was purchased on October 12, 2017, enter 10/12/17 in this column.

30. OWNER'S PURCHASE PRICE – Enter the actual purchase price of the vehicle paid by its current owner; i.e., the price paid for the vehicle by the latest titled owner of the vehicle. Include in the price, all accessories and modifications made to the vehicle.
31. FLORIDA TITLE NUMBER – Enter the Florida Certificate of Title number of the vehicle.
32. U.S. DOT NUMBER ASSIGNED TO VEHICLE – Provide the United States Department of Transportation (U.S. DOT) number of the Motor Carrier Responsible for Safety (MCRS) for each vehicle on your account.
33. TAX PAYER IDENTIFICATION NUMBER ASSIGNED TO VEHICLE – Provide the taxpayer identification number (TIN) associated with the U.S. DOT number of the MCRS for each vehicle. This is usually a Federal Employer Identification Number (FEIN), which a unique 9-digit number is assigned by the Internal Revenue Service for business identification purposes.
34. WILL THE DESIGNATED CARRIER RESPONSIBLE FOR SAFETY CHANGE DURING THE YEAR? – Check the appropriate box in response to this question.
35. APPLICANT'S SIGNATURE, PRINTED NAME, TITLE AND DATE – The IRP application must include the signature and the printed name of the actual applicant as well as the applicant's title and the date of the application.

**NOTE:** By signing and submitting the IRP application, the applicant is certifying that the information furnished and the documents included with the application are true and correct. The applicant is also certifying that he or she has read and understands the record retention requirements for the International Registration Plan, and will comply with those requirements. Failure to adhere to these requirements may result in financial penalties and other sanctions against the IRP account holder. For this reason, the application must include the signature of the account holder (the actual applicant).

36. OTHER CONTACT INFORMATION FOR AUTHORIZED AGENT – Enter address information for the authorized agent who will act on the applicant's behalf (receiving the IRP credentials/correspondence and managing the IRP account.) A Power of Attorney form (HSMV 96440) must be executed by the applicant to allow this person (or carrier service company representatives) access to account information. The required P.O.A. form may be accessed at <http://www.flhsmv.gov/dmv/forms/BMCS/96440.pdf> or by contacting the BCVDS at 850-617-3711.

**Before continuing to SCHEDULE B please take the time to verify the accuracy and completeness of the information provided on SCHEDULE A.**

**READ THE FOLLOWING INSTRUCTIONS CAREFULLY:**

**Registrants must record actual mileage traveled in any jurisdiction (state) where business operations were conducted during the preceding registration period.**

# SCHEDULE B

## WEIGHT INFORMATION AND MILEAGE

37. **REPORTING PERIOD**– IRP defines the reporting period (for which mileage information must be provided) as “the period of twelve consecutive months immediately prior to July 1 of the calendar year immediately preceding the beginning of the Registration Year for which apportioned registration is sought”. **EXAMPLES:** If the registration year is 2019 and the renewal month is any month from January through September, the reporting period is July 1, 2016 through June 30, 2017. However, if the renewal month is October, the reporting period is July 1, 2017 through June 30, 2018. (Florida does not renew registrations in the months of November or December.) Enter the appropriate year information in the blank spaces after July 1, \_\_\_\_ and June 30, \_\_\_\_ on Schedule B. Consult BCVDS for assistance.
38. **WILL YOU BE OPERATING INTRASTATE IN THE STATE OF WYOMING?** – Place a check mark in the appropriate box to indicate whether you will be picking up and unloading within the state of Wyoming. The state of Florida is required by the state of Wyoming to charge carriers an additional fee for operating intrastate in Wyoming.
39. **ACTUAL MILES** – Enter the actual miles traveled during the reporting period. (See instruction #37 above regarding “REPORTING PERIOD”.)
40. **GROSS VEHICLE WEIGHT – GVW** – If the fleet will be operating at a weight more than 80,000 GVW in any jurisdiction, enter that weight next to the appropriate jurisdiction.
41. **TOTAL ACTUAL MILES** – Add together all the entries in the column labeled “ACTUAL MILES” and enter the total.
42. **CHECK OFF LIST (☐)** – Use this check off list to make sure you have enclosed all the required documents. Also, be sure to sign the application on the reverse side (Schedule A).
43. **TO BE COMPLETED FOR ORIGINAL IRP APPLICATIONS ONLY** – Answer each question by selecting Yes or No and indicating jurisdiction of prior IRP registration, if applicable.

### **Applications will be returned if not properly completed and signed**

PLEASE DO NOT SEND MONEY WITH THE COMPLETED APPLICATION.  
A BILL WILL BE CALCULATED AND MAILED TO THE APPLICANT OR THE  
APPLICANT’S AUTHORIZED AGENT.

# VEHICLE TYPES

## **TRUCK-TRACTOR (TT)**

A motor vehicle designed and used for pulling other vehicles, but constructed to carry a load other than part of the vehicle being pulled and its load.



## **TRUCK (TK)**

A motor vehicle designed and used for the transportation of property and generally not designed and used to pull other vehicles.



## **TRACTOR (TR)**

A motor vehicle designed and used primarily for pulling other vehicles but not so constructed as to carry a load other than part of the weight of the pulled vehicle and its load.



## **BUS (BS)**

A bus is any motor vehicle designed for carrying more than 10 passengers and used for the transportation of persons, and any motor vehicle, other than a taxicab, designed and used for the transportation of persons for compensation.



## ADDITIONAL INFORMATION THAT MAY PERTAIN TO YOUR APPLICATION

- ✓ NO REFUNDS will be issued for IRP plates after the beginning of the renewal period.
- ✓ When a vehicle is deleted or retired from service, the issued IRP plate belongs to the registrant and is not to be returned to the state. If the plate is unexpired, it may be used later during the same registration year if the registrant OBTAINS A REPLACEMENT VEHICLE for registration under the IRP.
- ✓ Plates cannot be transferred between different registrants.

### **PRISM**

The Performance and Registration Information Systems Management (PRISM) program developed by the Federal Motor Carrier Safety Administration (FMCSA) links the commercial vehicle registration process to motor carrier safety to achieve two purposes:

- Determine the fitness level of the motor carrier responsible for the safety of the registered vehicles prior to issuing the registration.
- Influence motor carriers to improve their safety performance through an improvement process and, where necessary, imposing registration sanctions.

The PRISM program includes two major processes – the Commercial Vehicle Registration Process (Registration) and Enforcement, which work in parallel to identify motor carriers and hold them responsible for the safety of their operation. The performance of unsafe carriers is improved through a comprehensive system of identification, education, awareness, data gathering, safety monitoring and treatment.

#### **How does PRISM affect the Florida IRP Registration Process?**

The U.S. DOT Number and Taxpayer Identification Number (TIN) of the MCRS of every vehicle registered must be provided by the applicant as part of the registration or registration renewal process, and will be validated prior to issuing the IRP registration.

Owner/Operators who never operate their trucks under their own U.S. DOT Number or Operating Authority and companies that own and register their trucks for the sole purpose of renting or leasing those trucks to motor carriers who are responsible for safety are not required to obtain a U.S. DOT number classified as a “Vehicle Registrant Only” to register their vehicles in Florida. In other words, the individual or company that is listed on the vehicle registration, and to whom license plates are issued, will never operate the CMV under its own assigned U.S. DOT Number or Operating Authority. If you operate or plan to operate as a MCRS, you must update your status to Motor Carrier.

### **FOR MORE SPECIFIC INFORMATION REGARDING U.S. DOT SAFETY REGULATIONS, PLEASE CONTACT THE FOLLOWING OFFICE:**

U.S. Department of Transportation  
Florida Division of the Federal Motor Carrier  
Safety Administration  
Tallahassee, Florida  
Telephone (850) 942-9338  
Or contact

U.S. DOT located in Washington,  
D.C. Telephone 800-832-5660  
[www.fmcsa.dot.gov](http://www.fmcsa.dot.gov)

### **INFORMATION ON THE UNIFIED CARRIER REGISTRATION (UCR)**

Florida is not currently a participant in the online registration program. If Florida is your base state for IRP, you should register and pay for UCR on-line at the State of Indiana website, [www.ucr.in.gov](http://www.ucr.in.gov). Your IRP account will remain in Florida.

### **FLORIDA MAXIMUM SIZE AND WEIGHT LIMITS**

For more detailed information regarding Florida’s Maximum Size and Weight Limits, and to obtain necessary permits, contact:

Florida Department of Transportation  
605 Suwannee Street, MS-62  
Tallahassee, Florida 32399  
Telephone: (850) 410-5777  
FAX: (850) 410-5779  
[www.dot.state.fl.us](http://www.dot.state.fl.us)

## DOCUMENTS YOU MAY NEED TO SUBMIT WITH YOUR IRP APPLICATION

**PROOF OF OWNERSHIP** – When registering vehicles titled in Florida, you must list the Florida title number on Schedule A of the IRP application and provide one of the following:

- A copy of the Florida title; or
- A copy of the previous Florida registration; or
- A copy of the Florida title receipt, Form HSMV 82041.

**PROOF OF OUT-OF-STATE OWNERSHIP** – All out-of-state titled vehicles require a verification of vehicle identification number (VIN), form HSMV 82042, as well as ONE of the following:

- A copy of the front and back of the out-of-state title; AND if there is an outstanding lien, a statement on letterhead stationery from the lien holder stating there is an outstanding lien on the described vehicle; OR
- A copy of the front and back of the out-of-state title, AND if the title does not have an outstanding lien, a copy of the lease agreement indicating the vehicle is leased to a Florida-based motor carrier.
- If the out-of-state title is electronic, the lien holder must state this in the letter.

**PROOF OF CURRENT PAYMENT OF FEDERAL HEAVY VEHICLE USE TAX (Federal Form 2290, Schedule 1)** – Heavy Vehicle Use Tax is a tax imposed by the Federal government on all highway vehicles having a gross or combined gross weight of 55,000 pounds or more. The weight category on the Form 2290, Schedule 1, will be verified to ensure appropriate fees were collected for the weight that the vehicle is being registered for IRP.

The Form 2290, Schedule 1, will be accepted as follows:  
A legible copy of Form 2290, Schedule 1, stamped RECEIVED by IRS.

...OR...

A legible copy of Form 2290, Schedule 1, (if not stamped RECEIVED by the IRS) with a copy of the cancelled check (front and back) showing payment made to the IRS for the Heavy Vehicle USE Tax.

...OR...

The electronically filed form 2290, Schedule 1 showing the water mark receipt.

**NOTE:** Carriers with 25 or more vehicles MUST file the 2290 electronically. If you have 25 or more vehicles, you can obtain information on how to file electronically at <http://www.irs.gov/efile/>.

### VERIFICATION OF ESTABLISHED PLACE OF BUSINESS

The International Registration Plan requires that motor carriers based in a state or jurisdiction must have an “established place of business” in that state or jurisdiction. An established place of business is defined as:

- a physical structure owned, leased, or rented by the registrant, which is open and staffed during normal business hours and has located within it;
- The operational records of the fleet, unless the records can otherwise be made available.
- Applicants who do not have an established place of business in Florida may base in Florida if they can demonstrate Florida residency.

However, if the applicant’s business does not meet the IRP requirements described above, the IRP allows selection of a base jurisdiction where the applicant is a resident. Applicants required to demonstrate residency to base in Florida may still register under a legal business name.

**DOCUMENTATION OF PHYSICAL ADDRESS** – You are required to provide documentation that verifies the physical location of your business or residence in Florida. You will also need to provide documentation any time you change your Florida physical address. Documentation must be in the form of three (3) relevant documents. For established place of business, one of these proofs must be a payroll-related document verifying that the applicant employs at least one person and displaying the business FEIN and address. Examples of other types of proof are:

#### Established Place of Business:

- Current copy of a document indicating your company is a Florida corporation or is registered as a foreign corporation in Florida.
- Current copy of a business license.

#### Residence:

- Current copy of a Florida driver’s license in your name.
- Current copy of a utility bill paid in your name for your Florida address.
- Copy of a current Florida vehicle title or registration in your name.

### GUARANTEED FUNDS ON ORIGINAL APPLICATIONS

Payment for all transactions processed for new IRP accounts and first year renewals must be in the form of guaranteed funds; i.e., cash, money order, cashier’s check, certified check, or ComChek.

- This policy remains in effect for the first two years of an account’s existence so that a consistent payment history can be established.
- Effective with the third year of an account, personal and business checks will be accepted, in addition to the other payment methods noted above.

## INSURANCE DOCUMENTS YOU MAY NEED TO SUBMIT WITH YOUR IRP APPLICATION

### PROOF OF CURRENT BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE

Bodily injury and property liability insurance is referred to as Combined Single Limits (CSL). If you lease to a carrier that provides insurance coverage for your vehicle, you must submit a copy of the lease agreement along with the appropriate proof of insurance at the time of application. **Proof of valid insurance coverage may be the original or a photocopy of any one of the following:**

- A Form E, Uniform Motor Carrier Bodily Injury and Property Damage Liability; or
- A Certificate of Insurance issued on an insurance company form only, this form must reflect the policy number, levels of coverage. A Certificate of Self-Insurance issued by DHSMV, or
- A surety bond deposited with DHSMV by a surety company authorized to do business in Florida, or a combination of a surety bond and an insurance policy, which satisfies requirements of Section 627.7415, Florida Statutes.
- Must be issued by an Insurance Company authorized to do business in the State of Florida.

All proofs of insurance must include Personal Injury Protection (PIP) as required by Section 627.733 Florida Statutes.

#### INSURANCE REQUIREMENTS

The expiration date on ALL proof of insurance documents submitted must extend past the effective date of the carrier's new registration.

**\*\*\*FOR EXAMPLE\*\*\***

If the carrier's new registration effective date is September 1, and the proof of insurance document indicates an expiration date anytime in August, the carrier MUST obtain a new insurance policy.

#### CERTIFICATE HOLDER

All Certificates of Insurance (COI) must list this department as a Certificate Holder:

Department of Highway Safety and Motor Vehicles  
Bureau of Commercial Vehicle and Driver Services  
2900 Apalachee Parkway, **Mail Stop 62**  
Tallahassee, Florida 32399-6552

#### MINIMUM LEVELS OF CSL

\$50,000 PER OCCURRENCE for a private carrier with a GVW of 26,000 pounds or more, but less than 35,000 pounds

\$100,000 PER OCCURRENCE for a private carrier with a GVW of 35,000 pounds or more, but less than 44,000 pounds

\$300,000 PER OCCURRENCE for a private carrier with a GVW of 44,000 pounds or more.

ALL for-hire carriers must have a minimum of \$750,000 CSL; or the appropriate federal limit if transporting hazardous materials.

Buses with seating capacity less than 16 - \$1,500,000

Buses with seating capacity 16 or more - \$5,000,000

Additional information and assistance pertaining to the completion of the International Registration Plan Application (IRP) can be obtained by contacting the Bureau of Commercial Vehicle and Driver Services at the following telephone number:

**(850) 617-3711**

Completed applications (including all documentation) may be mailed to the address below:

Department of Highway Safety and Motor Vehicles  
Division of Motorist Services  
**BUREAU OF COMMERCIAL VEHICLE AND DRIVER SERVICES**  
2900 Apalachee Parkway, **MS 62**  
Tallahassee, Florida 32399-6552

