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|---|--|----------------------|--|---|--|------------------------------|--|--|--|------------------|--|-------------------------|--|
| APPLICANT INFORMATION ONLY | | | | PLEASE TYPE OR PRINT WITH INK | | | | REGISTRATION YEAR: | | | | | |
| FULL NAME: | | | | INTERNATIONAL REGISTRATION PLAN FLORIDA APPLICATION SCHEDULE A  DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES BUREAU OF COMMERCIAL VEHICLE AND DRIVER SERVICES (BCVDS) 2900 Apalachee Parkway, MS-62 Tallahassee, Florida 32399-6552 Telephone (850) 617-3711 | | | | ↓ TYPE OF OPERATION ↓ (Select one choice): | | | | | |
| FLORIDA PHYSICAL ADDRESS: DO NOT USE P. O. BOX OR "MAIL ONLY" STREET ADDRESS | | APT/UNIT # | CHECK <input checked="" type="checkbox"/> ONE: BUSINESS | | | | | PRIVATE CARRIER (OWNS GOODS BEING TRANSPORTED) | | | | | |
| CITY: | | COUNTY: | FL | | | | | ZIP CODE: | | FOR HIRE CARRIER | | HOUSEHOLD GOODS CARRIER | |
| IF APPLICANT IS A COMPANY (NOT A NATURAL PERSON) USING A FLORIDA RESIDENTIAL ADDRESS, PROVIDE NAME OF RESIDENT (OWNER OR OFFICER): | | | | | | | | ARE YOU AN EXEMPT COMMODITY CARRIER? YES NO | | | | | |
| THREE PROOFS OF FLORIDA PHYSICAL ADDRESS ARE REQUIRED IF THIS IS A NEW ACCOUNT OR A PHYSICAL ADDRESS CHANGE TO YOUR CURRENT ACCOUNT. IF ANY ADDRESS OR CONTACT INFORMATION ON THIS APPLICATION IS A CHANGE TO YOUR CURRENT ACCOUNT, CHECK HERE <input type="checkbox"/> | | | | | | | | ↓ TYPE OF APPLICATION ↓ (Check <input checked="" type="checkbox"/> as applies): | | | | | |
| APPLICANT MAILING ADDRESS: | | | | ORIGINAL | | TRANSFER | | | | | | | |
| CITY: | | STATE: | | ZIP CODE: | | RENEWAL | | INCREASE WEIGHT | | | | | |
| APPLICANT TELEPHONE NUMBER: | | | | ADD FLEET | | FLEET TO FLEET TRANSFER | | | | | | | |
| APPLICANT EMAIL ADDRESS: | | | | ADD VEHICLE | | CORRECTION ↓ (Specify Below) | | | | | | | |
| U.S. DOT NUMBER: | | FEIN: | | ↓ COLORADO LOW MILEAGE –Check (✓) the COLO. LOW MILES column for any vehicle traveling in Colorado that will travel less than 10,000 miles total in all jurisdictions. | | | | ↓ ↓ VEHICLE INFORMATION ↓ ↓ | | | | | |
| IRP ACCOUNT NUMBER: | | FLEET NUMBER: | | | | | | | | | | | |

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|---|--|--|--|---|--|--|--|---|--|--|--|
| TRANSACTION TYPES: A – ADD VEHICLE C – CORRECTION D – DELETE VEHICLE O – ORIGINAL R – RENEWAL | | | | VEHICLE TYPES: TT – TRUCK TRACTOR TK – TRUCK (SINGLE) TR – TRACTOR BS – BUS | | | | FUEL TYPES: D – DIESEL G – GAS P – PROPANE | | | |
|---|--|--|--|---|--|--|--|---|--|--|--|

| TRANSACTION TYPE | OWNER'S UNIT NUMBER | YEAR | MAKE | VEHICLE IDENTIFICATION NUMBER | TYPE | # of AXLES POWER UNIT | # of AXLES TRAILER | BUS SEATS | FUEL | ↑ COLO. LOW MILES | COLOR | GROSS OR COMBINED GROSS WEIGHT | EMPTY WEIGHT | DATE OF PURCHASE (M / D / Y) | OWNER'S PURCHASE PRICE | FLORIDA TITLE NUMBER | MOTOR CARRIER RESPONSIBLE FOR VEHICLE SAFETY | | |
|------------------|---------------------|------|------|-------------------------------|------|-----------------------|--------------------|-----------|------|--------------------------|-------|--------------------------------|--------------|------------------------------|------------------------|----------------------|--|---|--|
| | | | | | | | | | | | | | | | | | U.S. DOT NUMBER ASSIGNED TO VEHICLE | TAX PAYER IDENTIFICATION NUMBER ASSIGNED TO VEHICLE | WILL THE DESIGNATED CARRIER RESPONSIBLE FOR SAFETY CHANGE DURING THE YEAR? |
| | | | | | | | | | | <input type="checkbox"/> | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | | | <input type="checkbox"/> | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | | | <input type="checkbox"/> | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | | | <input type="checkbox"/> | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | | | <input type="checkbox"/> | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |
| | | | | | | | | | | <input type="checkbox"/> | | | | | | | | YES <input type="checkbox"/> | NO <input type="checkbox"/> |

| | | | | | | | |
|---|--|-------|--|--|--|--|-----------|
| <i>I acknowledge Florida has adopted the federal motor carrier safety and hazardous material regulations and I am familiar with the requirements applicable to me. I certify that the information furnished in this application and the attachments are true and correct; that I have read and understand the records retention requirements for the International Registration Plan; and that I will comply with them.</i> | | | | NAME OF CONTACT FOR THIS ACCOUNT: | | | |
| | | | | EMAIL ADDRESS TO BE USED FOR THIS ACCOUNT: | | | |
| | | | | MAILING ADDRESS TO BE USED FOR THIS ACCOUNT: | | | |
| | | | | CITY: | | STATE: | ZIP CODE: |
| | | | | PRIMARY TELEPHONE FOR THIS ACCOUNT: | | | |
| TITLE: | | DATE: | | CHECK IF CONTACT IS CARRIER'S SERVICE PROVIDER | | CHECK IF CONTACT IS CARRIER'S EMPLOYEE | |
| NAME OF CARRIER SERVICE PROVIDER COMPANY (if applicable): | | | | | | | |

SCHEDULE B – MILEAGE INFORMATION AND WEIGHT

UNITS LISTED WILL BE AUTHORIZED TO OPERATE AT THE WEIGHTS LISTED BELOW

**ENTER ACTUAL MILES TRAVELED BY FLEET VEHICLES FOR THE PERIOD
JULY 1, _____ THROUGH JUNE 30, _____**

Will you be operating intrastate in the state of Wyoming?
YES NO (Please ✓ one)

| JURISDICTION | ACTUAL MILES | GVW | JURISDICTION | ACTUAL MILES | GVW | JURISDICTION | ACTUAL MILES | GVW |
|------------------------|--------------|-----|---------------------|--------------|-----|-----------------------|--------------|-----|
| FL – FLORIDA | | | MI – MICHIGAN | | | TX – TEXAS | | |
| AL – ALABAMA | | | MN – MINNESOTA | | | UT – UTAH | | |
| AK – ALASKA | | | MO – MISSOURI | | | VA – VIRGINIA | | |
| AR – ARKANSAS | | | MS – MISSISSIPPI | | | VT – VERMONT | | |
| AZ – ARIZONA | | | MT – MONTANA | | | WA – WASHINGTON | | |
| CA – CALIFORNIA | | | NC – NORTH CAROLINA | | | WI – WISCONSIN | | |
| CO – COLORADO | | | ND – NORTH DAKOTA | | | WV – WEST VIRGINIA | | |
| CT – CONNECTICUT | | | NE – NEBRASKA | | | WY – WYOMING | | |
| DC – DIST. OF COLUMBIA | | | NH – NEW HAMPSHIRE | | | AB – ALBERTA | | |
| DE – DELAWARE | | | NJ – NEW JERSEY | | | BC – BRITISH COLUMBIA | | |
| GA – GEORGIA | | | NM – NEW MEXICO | | | MB – MANITOBA | | |
| IA – IOWA | | | NV – NEVADA | | | MX – MEXICO | | |
| ID – IDAHO | | | NY – NEW YORK | | | NB – NEW BRUNSWICK | | |
| IL – ILLINOIS | | | OH – OHIO | | | NL – NEWFOUND/LABRA. | | |
| IN – INDIANA | | | OK – OKLAHOMA | | | NS – NOVA SCOTIA | | |
| KS – KANSAS | | | OR – OREGON | | | NT – NW TERRITORY | | |
| KY – KENTUCKY | | | PA – PENNSYLVANIA | | | ON – ONTARIO | | |
| LA – LOUISIANA | | | RI – RHODE ISLAND | | | PE – PRINCE ED. ISL. | | |
| MA – MASSACHUSETTS | | | SC – SOUTH CAROLINA | | | QC – QUEBEC | | |
| MD – MARYLAND | | | SD – SOUTH DAKOTA | | | SK – SASKATCHEWAN | | |
| ME – MAINE | | | TN – TENNESSEE | | | YT – YUKON | | |

PLEASE BE SURE YOU PRINTED YOUR NAME, SIGNED THE APPLICATION, AND ENCLOSED THE FOLLOWING REQUIRED DOCUMENTATION, ➔ AS APPLICABLE.

- 3 PROOFS OF ESTABLISHED PLACE OF BUSINESS OR RESIDENCE**
Required for new account or whenever Florida physical address changes
- PROOF OF VEHICLE OWNERSHIP**
Out of state vehicles require titles copy of clear title (front and back) or copy of receipt for the electronic title; VIN Verification Form 82042; and letter from the lien-holder or lease agreement
- PROOF OF BODILY INJURY/PROPERTY DAMAGE LIABILITY INSURANCE WITH PIP**
- PROOF OF PAYMENT OF HEAVY VEHICLE USE TAX**
- COPY OF LEASE, IF APPLICABLE**
- Record Keeping Agreement (Required for new account)**

TOTAL THE ACTUAL MILES LISTED ABOVE AND ENTER HERE ➔

PLEASE DO NOT SEND MONEY WITH THIS APPLICATION. A BILL WILL BE CALCULATED AND MAILED TO YOU. APPLICATIONS ARE WORKED ON FIRST RECEIVED BASIS.

FOR ORIGINAL IRP APPLICATIONS ONLY: Does this fleet and/or vehicle have any history of prior IRP registration in another jurisdiction? YES NO

If Yes, what jurisdiction?

Does this fleet and/or vehicles have any history of prior Florida IRP Registration? YES NO

Has your registration ever been suspended or revoked? YES NO