

NAME OF REGISTRANT			<b>PLEASE TYPE OR PRINT WITH INK</b>  <b>INTERNATIONAL REGISTRATION PLAN</b>  <b>FLORIDA APPLICATION</b>  <b>SCHEDULE A</b>  DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES BUREAU OF COMMERCIAL VEHICLE AND DRIVER SERVICES Neil Kirkman Building, MS-62 2900 Apalachee Parkway Tallahassee, Florida 32399-0626 Telephone (850) 617-3711 <a href="http://www.flhsmv.gov">http://www.flhsmv.gov</a>	TYPE OF APPLICATION		TYPE OF OPERATION		<b>U.S. DOT NUMBER</b>  <b>Registrant Only</b> <input type="checkbox"/>
FLORIDA BUSINESS ADDRESS (DO NOT USE P.O. BOX)				<input type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> ADD FLEET <input type="checkbox"/> ADD STATE <input type="checkbox"/> ADD VEHICLE <input type="checkbox"/> TRANSFER <input type="checkbox"/> INCREASE WEIGHT <input type="checkbox"/> CORRECTION <input type="checkbox"/> FLEET TO FLEET TRANSFER		<input type="checkbox"/> EXEMPT COMMODITY CARRIER  <input type="checkbox"/> HOUSEHOLD GOODS CARRIER  <input type="checkbox"/> FOR HIRE CARRIER  <input type="checkbox"/> PRIVATE CARRIER (OWNS GOODS BEING TRANSPORTED)		
CITY	COUNTY	STATE <b>FLORIDA</b>						ZIP CODE
MAILING ADDRESS								
CITY	COUNTY	STATE		ZIP CODE				
PERSON TO CONTACT REGARDING APPLICATION								
EMAIL ADDRESS (OPTIONAL)		TELEPHONE NUMBER						
IF THE ABOVE ADDRESSES OR TELEPHONE NUMBER ARE DIFFERENT FROM WHAT WAS ON YOUR PREVIOUS APPLICATION PLEASE CHECK THIS BOX: <input type="checkbox"/>								

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

IRP ACCOUNT NUMBER		FLEET NUMBER	<b>VEHICLE INFORMATION</b>	LICENSE YEAR
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TRANS-ACTION TYPE	OWNER'S UNIT NUMBER	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	TYPE	A X E L E T S	F U E L	C O L O R	GROSS OR COMBINED GROSS WEIGHT	EMPTY WEIGHT	DATE OF PURCHASE (M/D/Y)	OWNER'S PURCHASE PRICE	FACTORY LIST PRICE	FLORIDA TITLE NUMBER	CARRIER RESPONSIBLE FOR VEHICLE SAFETY			
															US DOT NUMBER ASSIGNED TO VEHICLE	TAX PAYER IDENTIFICATION NUMBER (EIN, SSN) ASSIGNED TO VEHICLE	WILL THE DESIGNATED CARRIER RESPONSIBLE FOR SAFETY CHANGE DURING THE YEAR?	
																	YES <input type="checkbox"/>	NO <input type="checkbox"/>
																	YES <input type="checkbox"/>	NO <input type="checkbox"/>
																	YES <input type="checkbox"/>	NO <input type="checkbox"/>
																	YES <input type="checkbox"/>	NO <input type="checkbox"/>
																	YES <input type="checkbox"/>	NO <input type="checkbox"/>
																	YES <input type="checkbox"/>	NO <input type="checkbox"/>
																	YES <input type="checkbox"/>	NO <input type="checkbox"/>
																	YES <input type="checkbox"/>	NO <input type="checkbox"/>
																	YES <input type="checkbox"/>	NO <input type="checkbox"/>

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

- PROOF OF OWNERSHIP**
- COPY OF LEASE, IF APPLICABLE**
- SIGNED APPLICATION AND PRINTED NAME**
- PROOF OF ESTABLISHED PLACE OF BUSINESS**
- PROOF OF PAYMENT OF HEAVY VEHICLE USE TAX (IRS FORM 2290)**
- PROOF OF BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE WITH PIP**

PLEASE DO NOT SEND MONEY WITH THIS APPLICATION. A BILL WILL BE CALCULATED AND MAILED TO YOU.  
**EARLY APPLICANTS WILL BE GIVEN PRIORITY.**



## SCHEDULE B - WEIGHT INFORMATION AND MILEAGE

**UNITS LISTED WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND AT THE WEIGHTS LISTED BELOW**

**SCHEDULE OF FLEET MILEAGE FOR THE PERIOD  
JULY 1, \_\_\_\_\_ THROUGH JUNE 30, \_\_\_\_\_**  
**PLEASE NOTE: IF MILEAGE IS NOT INDICATED FOR AN APPORTIONED STATE, YOU WILL NOT BE APPORTIONED TO TRAVEL IN THAT STATE.**

**COLORADO LOW MILEAGE** - List unit # of any vehicle traveling in Colorado that will travel less than 10,000 miles total in all jurisdictions.

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

JURISDICTION	ACTUAL MILES	ESTIMATED MILES	INACTIVE MILES	GVW	JURISDICTION	ACTUAL MILES	ESTIMATED MILES	INACTIVE MILES	GVW	JURISDICTION	ACTUAL MILES	ESTIMATED MILES	INACTIVE 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				

I certify that the information furnished in this application and the attachments is true and correct. I further certify that I have read and understand the records retention requirements for the International Registration Plan and will comply with them.

PRINTED NAME \_\_\_\_\_ SIGNATURE \_\_\_\_\_

TITLE \_\_\_\_\_ DATE \_\_\_\_\_

THIS APPLICATION MUST BE SIGNED BY THE REGISTRANT UNLESS REGISTRANT SUBMITS A POWER OF ATTORNEY DESIGNATING THE PERSON SIGNING AS AN AUTHORIZED AGENT.

PLEASE **DO NOT** SEND MONEY WITH THIS APPLICATION. A BILL WILL BE CALCULATED AND MAILED TO YOU.

**APPLICATIONS ARE WORKED ON FIRST RECEIVED BASIS**

**TOTAL THE ACTUAL MILES LISTED ABOVE AND ENTER THE TOTAL IN THE FOLLOWING SPACE**

**EXPLANATION OF ESTIMATED MILEAGE:** (Attach additional sheets of paper, if necessary.)