

NAME OF REGISTRANT:				<b>PLEASE TYPE OR PRINT WITH INK</b>				↓ <b>TYPE OF OPERATION</b> ↓ (Select one choice):			
FLORIDA BUSINESS ADDRESS (NO NOT USE P. O. BOX):				<b>INTERNATIONAL REGISTRATION PLAN FLORIDA APPLICATION</b>  <b>SCHEDULE A</b>  DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES BUREAU OF COMMERCIAL VEHICLE AND DRIVER SERVICES  2900 Apalachee Parkway, MS-62 Tallahassee, Florida 32399-6552  Telephone (850) 617-3711 <a href="http://www.flhsmv.gov">http://www.flhsmv.gov</a>  				<input type="radio"/> EXEMPT COMMODITY CARRIER		<input type="radio"/> HOUSEHOLD GOODS CARRIER	
CITY	COUNTY	STATE FLORIDA	ZIP CODE					<input type="radio"/> FOR HIRE CARRIER		<input type="radio"/> PRIVATE CARRIER (OWNS GOODS BEING TRANSPORTED)	
<b>MAILING ADDRESS (REGISTRANT'S):</b> <a href="#">See Below for Service Provider Information</a> ↘ ↘								↓ <b>TYPE OF APPLICATION</b> ↓ (Check <input checked="" type="checkbox"/> as applies):			
CITY	COUNTY	STATE	ZIP CODE					<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> INCREASE WEIGHT
PERSON TO CONTACT REGARDING APPLICATION:								<input type="checkbox"/> ADD FLEET	<input type="checkbox"/> FLEET TO FLEET TRANSFER	<input type="checkbox"/> ADD VEHICLE	<input type="checkbox"/> CORRECTION (TYPE OF CORRECTION):
EMAIL ADDRESS <b>(CVISN ACCOUNTS MUST HAVE AN EMAIL ADDRESS):</b>											
IF THE ABOVE ADDRESSES OR TELEPHONE NUMBER ARE DIFFERENT FROM WHAT WAS ON YOUR PREVIOUS APPLICATION, PLEASE CHECK <input type="checkbox"/> and include <b>3 PROOFS OF ESTABLISHED PLACE OF BUSINESS</b> with 85900 IRP Application: <input type="checkbox"/>											

<b>REGISTRANT'S TELEPHONE NUMBER:</b>	<b>U.S. DOT NUMBER:</b>	<b>Registrant's FEI #</b> (THIS # IS REQUIRED TO REFERENCE YOUR IFTA ACCOUNT):
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IRP ACCOUNT NUMBER:	FLEET NUMBER:	LICENSE YEAR:	<b>COLORADO LOW MILEAGE</b> - Check (✓) any vehicle traveling in Colorado that will travel less than 10,000 miles total in all jurisdictions in the column under <b>COLO. LOW MILES.</b>	<b>VEHICLE INFORMATION</b> ↓ ↓
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<b>TRANSACTION TYPES:</b> A – ADD VEHICLE C – CORRECTION D – DELETE VEHICLE O – ORIGINAL R – RENEWAL	<b>VEHICLE TYPES:</b> TT – TRUCK TRACTOR TK – TRUCK (SINGLE) TR – TRACTOR BS – BUS	<b>FUEL TYPES:</b> D – DIESEL G – GAS P – PROPANE
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TRANS-ACTION TYPE	OWNER'S UNIT NUMBER	YEAR	M A K E	VEHICLE IDENTIFICATION NUMBER	T Y P E	# of AXLES POWER UNIT	# of AXLES TRAILER	BUS SEATS	F U E L	↑ COLO. LOW MILES	C O L O R	GROSS OR COMBINED GROSS WEIGHT	EMPTY WEIGHT	DATE OF PURCHASE (M / D / Y)	OWNER'S PURCHASE PRICE	FLORIDA TITLE NUMBER	CARRIER RESPONSIBLE FOR VEHICLE SAFETY		
																	U.S. 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?
										<input type="checkbox"/>								YES <input type="radio"/>	NO <input type="radio"/>
										<input type="checkbox"/>								YES <input type="radio"/>	NO <input type="radio"/>
										<input type="checkbox"/>								YES <input type="radio"/>	NO <input type="radio"/>
										<input type="checkbox"/>								YES <input type="radio"/>	NO <input type="radio"/>
										<input type="checkbox"/>								YES <input type="radio"/>	NO <input type="radio"/>
										<input type="checkbox"/>								YES <input type="radio"/>	NO <input type="radio"/>
										<input type="checkbox"/>								YES <input type="radio"/>	NO <input type="radio"/>
										<input type="checkbox"/>								YES <input type="radio"/>	NO <input type="radio"/>
										<input type="checkbox"/>								YES <input type="radio"/>	NO <input type="radio"/>

<b>PLEASE BE SURE</b> YOU PRINTED YOUR NAME, SIGNED THE APPLICATION, AND ENCLOSED THE FOLLOWING REQUIRED → DOCUMENTATION, AS NECESSARY.	<input type="checkbox"/> 3 PROOFS OF ESTABLISHED PLACE OF BUSINESS <i>(new account or address change only)</i> <input type="checkbox"/> PROOF OF PAYMENT OF HEAVY VEHICLE USE TAX <i>(IRS FORM 2290 in Registrant's or Title owner's name)</i> <input type="checkbox"/> PROOF OF BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE WITH PIP <i>(referred to as Combined Single Limits – CSL) with the DHSMV as Certificate Holder</i> <input type="checkbox"/> PROOF OF OWNERSHIP <input type="checkbox"/> OUT OF STATE TITLES MUST HAVE COPY OF CLEAR TITLE FRONT AND BACK OR A COPY OF THE RECEIPT FOR THE ELECTRONIC TITLE, VIN VERIFICATION FORM AND A LETTER FROM THE LIEN-HOLDER OR LEASE AGREEMENT <input type="checkbox"/> COPY OF LEASE, IF APPLICABLE <input type="checkbox"/>	NAME OF CARRIER SERVICE PROVIDER (If Applicable) → <b>(USE FOR MAILING ADDRESS)</b> → Check <input checked="" type="checkbox"/> this BOX → <input type="checkbox"/>  ADDRESS:  CITY: COUNTY: STATE: ZIP CODE:  TELEPHONE NUMBER:
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## 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		

*Application for apportioned registration is a declaration of knowledge that Florida has adopted the federal motor carrier safety regulations and federal hazardous material regulations and the registrant is familiar with the applicable requirements. I certify that the information furnished in this application and the attachments is true and correct and 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 HSMV 96440 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 HERE**

**TO BE COMPLETED FOR ORIGINAL IRP APPLICATIONS ONLY:**

Does this fleet and/or vehicles have any history of prior IRP registration In another jurisdiction? YES  NO

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