



**IRP TEMPORARY AUTHORITY (TA)
REQUEST FORM
(ATTACHMENT B)**

Temporary Authority is requested for the following vehicle(s):

IRP ACCOUNT #: _____

CARRIER NAME: _____

	<u>OEN</u>	<u>PLATE #</u>	<u>VIN #</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

Total # TA registrations requested _____

FAX NUMBER: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

WIRE SERVICE NAME: _____
(if applicable)

I understand that the temporary authority registration is valid for 30 days, covers a specific vehicle and is nontransferable. I agree to pay all fees and to provide all documents that are required of me within 30 days from the date the temporary authority is issued. I understand that my IRP account will be suspended if I do not pay the appropriate fees and provide the required documents within this 30-day period.



(Signature of Registrant)

(Date)