



New York State Department of Motor Vehicles  
INTERNATIONAL REGISTRATION PLAN  
**SCHEDULE A & C**

**PART 1**

**TYPE OF APPLICATION REQUESTED**

<input type="checkbox"/> NEW ACCOUNT	<input type="checkbox"/> ADD JURISDICTIONS	<input type="checkbox"/> DUPLICATE CAB CARD	<input type="checkbox"/> ADDRESS CHANGE
<input type="checkbox"/> ADD VEHICLE	<input type="checkbox"/> WEIGHT INCREASE	<input type="checkbox"/> REPLACEMENT PLATES	<input type="checkbox"/> TEMPORARY AUTHORITY
<input type="checkbox"/> DELETE VEHICLE	<input type="checkbox"/> WEIGHT DECREASE	<input type="checkbox"/> REPLACEMENT STICKER	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> TRANSFER PLATES	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> FLEET TO FLEET	

**REGISTRANT/CARRIER INFORMATION**

**DMV USE ONLY**

SUPP#: \_\_\_\_\_

1. ACCOUNT # \_\_\_\_\_ 2. FLEET # \_\_\_\_\_

3. REGISTRANT NAME: \_\_\_\_\_

4. DBA: \_\_\_\_\_

5. BUSINESS ADDRESS: \_\_\_\_\_  
*(No P.O. Box Number Allowed)*

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

6. CONTACT PERSON: \_\_\_\_\_ 7. PHONE # ( ) \_\_\_\_\_

8. TAXPAYER IDENTIFICATION # (TIN): \_\_\_\_\_  FEIN  SSN 9. FAX # ( ) \_\_\_\_\_

10. DATE OF BIRTH: \_\_\_\_\_ 11.  Male  Female

12. PRIVACY ACT: *Check the INFORMATION DISCLOSURE box at the end of this sentence if you do not want your personal information from this record used for surveys, marketing and solicitations.*

13. WY AUTHORITY#: \_\_\_\_\_

14. SAFETY CARRIER'S NAME: \_\_\_\_\_

DOT#: \_\_\_\_\_ TIN: \_\_\_\_\_

Have you previously been registered in any jurisdictions?  Yes  No, If yes, jurisdiction \_\_\_\_\_

Do you lease your vehicle and driver to a motor carrier?  Yes  No

**FLEET INFORMATION**

15. FLEET TYPE: \_\_\_\_\_ 16. COMMODITY CLASS: \_\_\_\_\_ 17. # OF REG MONTHS: \_\_\_\_\_

18. EFFECTIVE DATE: \_\_\_\_\_ 19. EXPIRATION DATE: \_\_\_\_\_

20. MAILING ADDRESS: \_\_\_\_\_  
*(No P.O. Box Number Allowed)*

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**PART 2**

**FLEET TO FLEET TRANSFER INFORMATION**

(21)	(22)	(23)	(24)
FLEET VEHICLE UNIT # (OEN)	VEHICLE IDENTIFICATION NUMBER	FROM FLEET #	TO FLEET #

**DELETIONS\***

(25)	(26)	(27)	(28)
FLEET VEHICLE UNIT # (OEN)	VEHICLE IDENTIFICATION NUMBER	LICENSE PLATE NUMBER	REPLACEMENT FLEET VEHICLE UNIT # (OEN)

\* (Send in plates for deletion.)

**PART 3**

**WEIGHT INFORMATION** Account # \_\_\_\_\_

29. Please list the weight you want on your cab card for the jurisdictions you intend to travel through. Canadian jurisdictions will print the weight in kilograms on the cab card.

AK _____	KS _____	NJ _____	VT _____
AL _____	KY _____	NM _____	WA _____
AR _____	LA _____	NV _____	WI _____
AZ _____	MA _____	NY _____	WV _____
CA _____	MD _____	OH _____	WY _____
CO _____	ME _____	OK _____	AB _____ (Canada)
CT _____	MI _____	OR _____	BC _____ (Canada)
DC _____	MN _____	PA _____	MB _____ (Canada)
DE _____	MO _____	RI _____	NB _____ (Canada)
FL _____	MS _____	SC _____	NL _____ (Canada)
GA _____	MT _____	SD _____	NS _____ (Canada)
IA _____	NC _____	TN _____	ON _____ (Canada)
ID _____	ND _____	TX _____	PE _____ (Canada)
IL _____	NE _____	UT _____	QC _____ (Canada)
IN _____	NH _____	VA _____	SK _____ (Canada)

**PART 4**

**VEHICLE INFORMATION FOR NEW ACCOUNTS OR ADDITIONS**

30. **VEHICLE #1:**

A) VEHICLE IDENTIFICATION NUMBER		B) YEAR	C) MAKE	D) VEHICLE TYPE	E) FUEL/CYL	F) WHEELBASE
G) UNLADEN WT	H) SEATS /AXLES	I) COMBINED AXLES	J) COLOR	K) OWNER NAME		
L) TITLE DOC #	M) TITLE DOC. JUR.	N) SAFETY TAXPAYER ID # (TIN) <input type="checkbox"/> FEIN <input type="checkbox"/> SSN			O) SAFETY US DOT #	
P) Vehicle Safety responsibility will change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		Q) SAFETY NAME				
R) FLEET VEHICLE # (OEN)	S) MAXIMUM DESIRED WEIGHT	T) PURCHASE PRICE	U) PURCHASE DATE			
V) FACTORY PRICE	W) INS. CO. CODE	X) CURRENT PLATE #	Y) CURRENT PLATE CLASS	Z) SPECIAL USE		
<b>REGISTRATION AUTHORIZATION</b>	IF THE REGISTRANT IS NOT THE OWNER, fill in the information below. Proof of ownership, and proof of the OWNER'S name and date of birth, are required.					
Vehicle #1 - Owner's Name			Date of Birth	Is the vehicle leased? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Address		Apt. No.	City	State	Zip Code	
<i>The person named in number 3 of Part 1 is authorized to register this vehicle in his/her name.</i>						
Owner's Authorized Signature  _____ Date: _____						
<i>If signing for a corporation, print your full name and title here _____</i>						

**CERTIFICATION:** I, the Undersigned, certify under penalty of perjury that all information provided in this Application is true and accurate to the best of my knowledge, and that the **subject vehicle**: is fully equipped, inspected, insured, and will be operated, in compliance with New York State Vehicle and Traffic Law (VTL); possesses a valid NYS inspection issued within the last twelve (12) months; or, in the alternative, has qualified for an extension of such inspection (see, DMV form VS-1077) and will be inspected within the next ten (10) days; is covered by a current policy of insurance or financial security as required by VTL; and if previously "junked", has been repaired to conform with VTL Sections 375 and 376; possesses a currently valid NYS registration (if I am using this Application to request issuance of replacement registration documents). I declare that I fully understand applicable Federal and NYS Motor Vehicle Carrier Safety laws and regulations including, where applicable, those pertaining to the transportation of hazardous materials. If this Application is signed in my official capacity on behalf of a business entity, I further certify that I am duly authorized to make this Application on behalf of such entity.

**IMPORTANT:** By signing this Application, the Undersigned acknowledges that intentionally making a false statement on this form is a misdemeanor under VTL Section 392, and may result in criminal prosecution, as well as suspension or revocation of the registration of the subject vehicle.

Name of Applicant/Business Entity (please print): \_\_\_\_\_

Sign here: \_\_\_\_\_

Title: \_\_\_\_\_ Date (mm/dd/yyyy): \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

*If signing as agent for a business entity, write your title (CEO, President, Vice-President, Secretary, Treasurer or Comptroller).  
Anyone else signing as agent for a business entity must send in an original Power of Attorney.*

