

Louisiana IRP Application

LAACCOUNT #	FLEET #	SUPP #	Exp Date	Please Type or Print With Ink	TYPE OF TRANSACTION	TYPE OF OPERATION
NAME OF REGISTRANT/MOTOR CARRIER				LA IRP PROCESSING CENTER PO Box 64848 Baton Rouge, LA 70896 PHONE 877-905-3854 FAX 337-993-9949	<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Add Fleet <input type="checkbox"/> Add Jurisdiction <input type="checkbox"/> Add/Delete Vehicle <input type="checkbox"/> Change Information <input type="checkbox"/> Weight Increase/Decrease <input type="checkbox"/> Conversion <input type="checkbox"/> Reinstatement <input type="checkbox"/> Fleet to Fleet From Fleet _____ to Fleet _____.	<input type="checkbox"/> Private Carrier(PC) <input type="checkbox"/> Haul for Hire (HH) <input type="checkbox"/> Rental Company(RC) <input type="checkbox"/> Household Goods Mover(HC) <input type="checkbox"/> Exempt Commodities (EX) Type _____ <input type="checkbox"/> Check this box if this carrier has intrastate Authority in Wyoming.
DBA (if any)						
LA BUSINESS ADDRESS		LA BUSINESS TELEPHONE # EXT#				
CITY		LA	ZIP CODE	Registrant/Motor Carrier's Federal Employee Identification Number (FEIN)		
MAILING ADDRESS				Registrant's Social Security Number (SSN)		
CITY		STATE	ZIP CODE	New Account/Fleet Operated Date: First		
CONTACT PERSON			CONTACT TELEPHONE # EXT#	Parish:	REPLACEMENT CREDENTIALS	
TELEPHONE # (if different than LA Business #) EXT#			FAX #	Registrant US DOT #	<input type="checkbox"/> PLATE	<input type="checkbox"/> CAB CARD
E-mail address				MCS 150 Last Updated:	Notarized Power of Attorney Y/N	
<input type="checkbox"/> Are you an Owner Operator leased on to a motor carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, you must provide a photocopy of your lease agreement!</i>				MCS-150 Forms Required		
Please refer to Louisiana IRP Manual to complete application. Website: www.LA-Trucks-Online.org						
▶ Units listed will be authorized to operate in the jurisdictions and at the weights listed on the following page(s). ▶ Vehicles are grouped according to weight on separate pages.				▶ Weights will be printed on the cab cards for all units listed on the following page(s). ▶ Use separate page for each weight group		
I have verified all information on application to be true and correct to the best of my knowledge						
I hereby declare knowledge of the Federal Motor Carrier Safety Regulations (49 CFR parts 383-383, 385-387, and 390-399) and if applicable, including highway related portions of the Federal Hazardous Materials Regulations (49 CFR parts 100-185) or compatible state rules, regulations, standard and orders applicable to Motor Carrier Safety, including highway transportation of hazardous materials. The undersigned under oath swears under penalty of perjury that the information furnished in this application and the attached schedules are true and correct, and that liability security required by law will be maintained on all vehicles listed on this application.						
Signature		Print Name		Date		

LA ACCOUNT #		FLEET #		SUPP #		Vehicle Information											
All fields are required . Application will be returned if information is missing.																	
Vehicle	(1) CO	Unit #	Weight Group	Vehicle Identification #	Year	Make of Vehicle	(7) Vehicle Type	(2) Axles (Bus: Seats)	(3) Com-bined Axles	(8) Fuel Type	Unladen Weight	Combined or Gross Weight	Purchase Price	Factory Price	Title Number	Power of Attorney	
	Y/N																Y/N
		Date of Purchase	Name of Owner	Name of Lessee (if vehicle is leased)	Bus: HP	(4) Motor Carrier USDOT #	(5) Motor Carrier FEIN #	Name of Motor Carrier leased on to		(6) Safety Y/N	Current Plate #	Expiration Date	2290	Lease Agreement			
														Y/N	Y/N		
	<u>Delete Vehicle</u>		Unit #	Vehicle Identification #	Year	Make of Vehicle	Combined or Gross Weight		Current Plate #								

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														Y/N	Y/N	
	<u>Delete Vehicle</u>		Unit #	Vehicle Identification #	Year	Make of Vehicle	Combined or Gross Weight		Current Plate #							

FOOTNOTES	(7) Vehicle Types	(8) Fuel Type
1. For fleets that apportion to Colorado: Enter an "N" if the vehicle travels 10,000 miles or less nationally in a year. If the vehicle travels more than 10,000 miles nationally, no notation is required.	TR =Tractor	D = Diesel
2. Axles=number of axles on power unit only. If Bus=seats only	BS = Bus	G = Gasoline
3. Comb Axles=combined number of axles on power unit and trailer(s).	TK = Straight Truck	P = Propane
4. Enter the US DOT number of the motor carrier responsible for the safety of the vehicle if different than the registrant USDOT number.	TT =Truck Tractor	A = Alternative
5. Enter the FEIN number of the motor carrier responsibility for the safety of the vehicle if different than the registrant DOT number.	WR = Wrecker	
6. N (no) or Y (yes) - Is the responsibility for the safety of the vehicle to change for the registration year?	RT =Road Tractor/Mobile Home Toter	

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DISTANCE AND WEIGHT SCHEDULE					
Y/N - Mark column with a 'Y' in the jurisdiction where IRP registration is desired.					
Mark column with a 'N' in the jurisdictions in which actual distance is shown but registration is not desired.					
A/E - Mark column with 'A' for Actual distance or 'E' for Estimated distance.					
Distance - List distance accrued in each jurisdiction in which this fleet traveled during the period July 1 through June 30 of the year preceding the license year for which you are applying.					
Provide an Estimated distance if no actual distance was accrued during the reporting period Using Method A or Method B as explained on the LA Estimated Distance Chart.					
Weight -Unit(s) listed on this application will be authorized to operate in the IRP jurisdictions and at the weight listed below.					
<u>Any unit that has a different weight must submit a separate weight group page.</u>					
You must provide a letter of explanation if there is a 10% weight variance.					

WEIGHT AND DISTANCE INFORMATION BY JURISDICTION

Y/N	Jurisdiction	A/E	Distance	Weight	Y/N	Jurisdiction	A/E	Distance	Weight	Y/N	Jurisdiction	A/E	Distance	Weight
Y	LA Louisiana					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 District of Columbia					NH New Hampshire					AB Alberta			
	DE Delaware					NJ New Jersey					BC British Columbia			
	FL Florida					NM New Mexico					MB Manitoba			
	GA Georgia					NV Nevada					NB New Brunswick			
	IA Iowa					NY New York					NL Newfoundland			
	ID Idaho					OH Ohio					NS Nova Scotia			
	IL Illinois					OK Oklahoma					NT Northwest Terr.			
	IN Indiana					OR Oregon					ON Ontario			
	KS Kansas					PA Pennsylvania					PE Prince Edward Is.			
	KY Kentucky					RI Rhode Island					QC Quebec			
	MA Massachusetts					SC South Carolina					SK Saskatchewan			
	MD Maryland					SD South Dakota					YT Yukon			
	ME Maine					TN Tennessee					MX Mexico			

TOTAL MILES:

OFFICIAL LA IRP PROCESSING CENTER USE ONLY

Application Received:	Reviewed by:	Keyed by:	NUMBER OF REG MONTHS	Invoice Verified by:	Credentials Mailed by:
Office Location:	Date:	Date:		Date:	Date: