



WI IRP APPLICATION SCHEDULE A

Wisconsin Department of Transportation

MV2914 2/2012

Wisconsin Department of Transportation – IRP Unit

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Email: irp-ifta@dot.wi.gov

Telephone: (608) 266-9900 / Fax: (608) 267-6886

Account No. WI	Fleet Name	(Area Code) Fax No.		INSTRUCTIONS: Fill out Section A for each Vehicle. • Add Vehicle: fill out Section A and C . • Transfer Vehicle: fill out Section A , B and C . • License Plate / Cab Card or Cab Card Only: fill out Section A and B . • Fax, email or send to address above.					
Fleet No.	Contact Person – Regarding Application	(Area Code) Telephone No.							
Registration Start Date	Federal Employer ID No.	US DOT No.							
Section A	Add Vehicle	Add	<input type="checkbox"/> Yes <input type="checkbox"/> No	Add	<input type="checkbox"/> Yes <input type="checkbox"/> No	Add	<input type="checkbox"/> Yes <input type="checkbox"/> No	Add	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Transfer Vehicle Need New Plate	Transfer New Plate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Transfer New Plate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Transfer New Plate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Transfer New Plate	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
	License Plate / Cab Card (\$6)	Plate / Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plate / Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plate / Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Plate / Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Cab Card Only (\$3)	Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Card	<input type="checkbox"/> Yes <input type="checkbox"/> No	Card	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section B	Unit Equip. No.								
	Vehicle Id. No. (VIN)								
	Apportioned Plate No.								
Section C	New Unit Equip. No.								
	New Vehicle Id. No. (VIN)								
	Year								
	Make								
	Type (TT, TK, HS, WR, RT, BS)								
	Trailer ¹								
	Axles								
	Seats (Buses Only)								
	Fuel Type								
	Unladen Wt.								
	Gross Wt.								
	Combined GWT								
	Titled Owner Name								
	Purchase Date (Month/Year)								
	Owner Purchase Price \$								
	Factory List Price \$								
	US DOT No. (Vehicle Level)								
	Federal ID./TIN. ² (Vehicle Level)								
	CO Travel ³	CO	<input type="checkbox"/> Yes <input type="checkbox"/> No	CO	<input type="checkbox"/> Yes <input type="checkbox"/> No	CO	<input type="checkbox"/> Yes <input type="checkbox"/> No	CO	<input type="checkbox"/> Yes <input type="checkbox"/> No
UTAH Special Truck ⁴	UTAH	<input type="checkbox"/> Yes <input type="checkbox"/> No	UTAH	<input type="checkbox"/> Yes <input type="checkbox"/> No	UTAH	<input type="checkbox"/> Yes <input type="checkbox"/> No	UTAH	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SCEC ⁵	SCEC	<input type="checkbox"/> Yes <input type="checkbox"/> No	SCEC	<input type="checkbox"/> Yes <input type="checkbox"/> No	SCEC	<input type="checkbox"/> Yes <input type="checkbox"/> No	SCEC	<input type="checkbox"/> Yes <input type="checkbox"/> No	

¹ Trailer: Indicate **Yes** if you have a straight truck pulling a full trailer.

² Indicate the federal identification number that belongs to the US DOT number assigned to this vehicle.

³ CO Travel: if you operate in Colorado and if the vehicle operates less than 10,000 total miles nationally.

⁴ UTAH Special Truck: Indicate if your truck is a cement pump, well-boring unit or crane.

⁵ SCEC: Indicate **Yes** for each vehicle if the safety carrier is expected to change during the registration year.

Office Use Only – Application No.