



International Registration Plan (IRP) Application

SELECT THE APPROPRIATE APPLICATION TYPE- Additional instructions are located on page 4

- ORIGINAL** – Application for NEW IRP account. Complete all sections and sign the application.
- SUPPLEMENT** – Make changes to an existing account, such as add vehicles, amend vehicle information, amend fleet information, change weight, etc....Please complete section A and other sections where changes will be made.

Account holder USDOT Numbers- Under the Performance and Registration Information Systems Management (PRISM) program, an applicant must have a valid USDOT number that is unique to their IRP Account. Multiple accounts may not be opened using the same USDOT number, and you may not open an account using a USDOT other than your own. For example, if you are working for a company that has an existing IRP account, that company should add your vehicle to their account, unless you choose to open an account using your own USDOT number.

Section A

ACCOUNT NUMBER	FLEET NUMBER	REGISTRATION YEAR	SUPPLEMENT NUMBER
			OFFICE USE ONLY
NAME ON ACCOUNT	US DOT	TIN	SSN (<i>REGISTRANT ONLY</i>)

I would like to:

- | | | |
|--|--|---|
| <input type="checkbox"/> Add a Vehicle | <input type="checkbox"/> Amend information | <input type="checkbox"/> Obtain a new plate |
| <input type="checkbox"/> Delete a Vehicle | <input type="checkbox"/> US DOT/TIN | <input type="checkbox"/> Transfer a plate |
| <input type="checkbox"/> Increase Weight | <input type="checkbox"/> MCRS | |
| <input type="checkbox"/> Decrease Weight | <input type="checkbox"/> Account Information | |
| <input type="checkbox"/> Add Jurisdiction(s) | <input type="checkbox"/> Fleet Information | |
| <input type="checkbox"/> Add a Fleet | <input type="checkbox"/> Other _____ | |
| <input type="checkbox"/> Duplicate CAB Card (Complete A and E) | | |

Section B- Check appropriate transaction type when adding vehicles.

Transaction Type (if known)

- | | |
|---|--|
| <input type="checkbox"/> RT- Registration and Title | <input type="checkbox"/> TAR (title add registration) |
| <input type="checkbox"/> Renew/Swap | <input type="checkbox"/> Summer Winter |
| <input type="checkbox"/> Plate Swap | <input type="checkbox"/> RX- Plate Transfer - Plate number _____ |

Section C- Complete this section when opening a new account or amending information within this section

ACCOUNT INFORMATION

Business Type - Corporation Sole Proprietor Trust LLC LLP Non Profit Partnership
 Other _____

TIN TYPE SSN FEIN Number _____ Accountholder US DOT _____

Account Legal Name _____

DBA Name _____

Phone Number _____ **Fax Number** _____

Physical Address _____ **City** _____ **Zip Code** _____ (No PO Box)

Mailing Address (If Different) _____ **City** _____ **Zip Code** _____

Primary Contact Name _____ **Email** _____

Address _____ **City** _____ **Zip code** _____

Phone _____ **Fax** _____

Additional Contact Name _____ **Email** _____

Address _____ **City** _____ **Zip code** _____

Phone _____ **Fax** _____

Section D- Complete this section if creating a fleet or if you are amending information within this section

FLEET INFORMATION

Apportioned Fleet Type: Private For-Hire **Is this a rental company?** Yes No

If Rental Company, choose one: Rental is less than 45 days Rental is greater than or equal to 45 days

Use: Standard Household Goods -- If household goods, Service Representative name: _____

Does the carrier hold a WY Operating Authority Permit? Yes No

Have you been apportioned in any other Jurisdiction in the last 18 months? No Yes, Jurisdiction _____

Will this fleet be composed entirely or primarily of vehicles in which you operated or exercised control over during the previous registration period? Yes No If YES, see next question

Did the vehicle accrue actual distance in any of the jurisdictions for which you are seeking apportion? Yes No

Fleet Name _____ **Service Representative** _____

Phone Number _____ **Fax Number** _____

Physical Address _____ **City** _____ **Zip Code** _____ (No PO Box)

Mailing Address (If Different) _____ **City** _____ **Zip Code** _____

Section E - VEHICLE EQUIPMENT LIST- Instructions on back. Reprint this page as needed for multiple vehicles. **Acct #** _____ **Fleet** _____

ACTION	PLATE Number	VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	MODEL	BODY STYLE	*1 UNLADEN WEIGHT	AXLES	FUEL	COLOR	ODOM	TRANS	SEATS	CYL/PASS/DOORS	Unit #	*2 VEHICLE TYPE
														/ /		
														/ /		
														/ /		
														/ /		
*3 CGVW	*4 <10K MILES	PULL TRAILY/N	*5 MAX TRAILER AXLES	PURCH N/U	PURCH DATE	PURCH PRICE	TYPE OF SALE DLR/CAS	OWNER 1 TYPE (INDIVIDUAL OR COMPANY)	OWNER 1 NAME							
OWNER 1 ID # (LICENSE or FEIN)	OWNER 2 TYPE (INDIVIDUAL ONLY)	OWNER 2 NAME	OWNER 2 ID # (LICENSE)	LESSEE TYPE (INDIVIDUAL OR COMPANY)	LESSEE NAME	LESSEE ID # (LICENSE, SSN, OR FEIN)										
GARAGE LOCATION		MOTOR CARRIER RESP FOR SAFETY (MCRS) NAME			MCRS US DOT			MCRS TIN (FEIN OR SSN)			*6 MCRS TO CHANGE DURING THE YEAR?					

INSTRUCTIONS FOR VEHICLE EQUIPMENT LIST

A completed RMV1 form stamped by your insurance is also required when adding vehicles.

If you change the insurance company, garage location, color, gross weight, passengers, or seats field(s), you are required to submit a RMV-3 Form stamped by your insurance company.

****Action** – Place an “**A**” in the action box if adding a vehicle. Place a “**D**” in the Action box if deleting the vehicle. Place a “**C**” in the Action box if changing any vehicle information.

***1-** Indicate the weight of the EMPTY vehicle. ***2-** Please use TT for Truck Tractor, TK for Truck, TR for Tractor, RT for Road Tractor or BS for Bus. ***3-** This is the combined or Gross Weight of the vehicle. If a weight group does not exist for this weight, a new group will be created unless you indicate you would like this vehicle in a higher weight group. ***4-** Indicate if this vehicle travels less than 10,000 miles nationally. ***5-** If the unit pulls a trailer indicate the maximum number of trailer axles that will be pulled. ***6-** Indicate if the motor carrier responsible for the safety of this vehicle is expected to change during this registration year.

IMPORTANT ADDITIONAL INFORMATION

USDOT Numbers- Under the Performance and Registration Information Systems Management (PRISM) program, an applicant must have a valid USDOT number that is unique to their IRP Account. Multiple accounts may not be opened using the same USDOT number, and you may not open an account using a USDOT other than your own. For example, if you are working for a company that has an existing IRP account, that company must add your vehicle to their account, unless you choose to open an account using your own USDOT number.

Temporary CAB Cards- Temporary CAB cards will be limited to only certain transactions in MassIRP. A temporary CAB card will be available to carriers in good standing for adding jurisdictions, amending weight, adding a fleet to an existing account, processing a fleet to fleet transfer. A temporary CAB card will not be available, for example, if you are registering and titling a vehicle. The sales tax, title fees and registration fees must be paid in full prior to receiving credentials.

You may need to complete one or more of the following forms as part of your application:

- **Schedule D** - Estimated Distance Justification: This form must accompany your application if you entered estimated distance for jurisdictions that was not derived from the Estimated Distance Chart.
- **Power of Attorney:** Power of Attorney is required for each vehicle contained on your application that is not titled in your name. Power of Attorney is a notarized statement on company letterhead signed by an authorized representative.
- **MCRS Authorization:** If the MCRS listed for a vehicle is different from the vehicle owner, or the account holder, you must provide a lease agreement or notarized statement on company letterhead which authorizes the use of the USDOT number and Tax Identification Number (TIN). The Authorization must include the US DOT number and the TIN, and the length of time the owner is authorized to use the USDOT number and TIN.

Applications must be signed. Incomplete or illegible applications will be returned to the registrant without processing.

Section F - WEIGHT INFORMATION

Please list the weight you wish to appear on your CAB Card for each Jurisdiction in which you will travel.

Jurisdiction	Weight	Jurisdiction	Weight	Jurisdiction	Weight	Jurisdiction	Weight	Jurisdiction	Weight
Alberta		Iowa		Missouri		NW Territory		South Dakota	
Alaska		Idaho		Mississippi		Nevada		Saskatchewan	
Alabama		Illinois		Montana		New York		Tennessee	
Arkansas		Indiana		Mexico		Nunavut		Texas	
Arizona		Kansas		New Brunswick		Ohio		Utah	
Brit. Columbia		Kentucky		North Carolina		Oklahoma		Virginia	
California		Louisiana		North Dakota		Ontario		Vermont	
Colorado		Massachusetts		Nebraska		Oregon		Washington	
Connecticut		Manitoba		Newfoundland/Lab		Pennsylvania		Wisconsin	
Dist Columbia		Maryland		New Hampshire		Pr Edward Isl.		West Virginia	
Delaware		Maine		New Jersey		Quebec		Wyoming	
Florida		Michigan		New Mexico		Rhode Island		Yukon	
Georgia		Minnesota		Nova Scotia		South Carolina			

Units listed on this application will be authorized to operate in the jurisdictions and at the weights listed above. The weight recorded above will appear on the CAB Card for all IRP Jurisdictions for the units listed. Use separate pages for any vehicles with a weight difference in any jurisdiction.

Section G- DISTANCE SCHEDULE

Place "A" for actual or "E" for estimated miles reported for the period of July 1 through June 30. List mileage in each jurisdiction in which this fleet will travel and you wish to have apportionment. If using the Estimated Distance Chart be sure it is for the current registration year. All other jurisdiction fields should be left blank.

A / E	JURISDICTION	DISTANCE	A / E	JURISDICTION	DISTANCE	A / E	JURISDICTION	DISTANCE
	Alberta			Manitoba			Oklahoma	
	Alabama			Maryland			Ontario	
	Arkansas			Maine			Oregon	
	Arizona			Michigan			Pennsylvania	
	British Columbia			Minnesota			Prince Edward Island	
	California			Missouri			Quebec	
	Colorado			Mississippi			Rhode Island	
	Connecticut			Montana			South Carolina	
	Dist of Columbia			New Brunswick			South Dakota	
	Delaware			North Carolina			Saskatchewan	
	Florida			North Dakota			Tennessee	
	Georgia			Nebraska			Texas	
	Iowa			New Hampshire			Utah	
	Idaho			New Jersey			Virginia	
	Illinois			Newfoundland & Lab			Vermont	
	Indiana			New Mexico			Washington	
	Kansas			Nova Scotia			Wisconsin	
	Kentucky			Nevada			West Virginia	
	Louisiana			New York			Wyoming	
	Massachusetts			Ohio			TOTAL DISTANCE	

I hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle(s) listed that have been incurred by the applicant, any member of the applicant's immediate family who is a member of the applicant's household or the business partner of the applicant. I hereby further certify that all information contained in this application is true and correct to the best of my knowledge and belief. False statements are punishable by fine, imprisonment or both.

Authorized Accountholder Signature _____ **Date** _____

Printed Name _____ **Position (if company)** _____

Signature on this application by the applicant or authorized representative constitutes the applicant's consent to have the information submitted as part of participation in IRP and verified through an audit performed by the Commonwealth of Massachusetts Registry of Motor Vehicles, the Department of Revenue, or their agents. Further, the applicant understands that the Registry of Motor Vehicles and the Department of Revenue may exchange the information obtained during an audit for purposes of enforcing the International Registration Plan (IRP) and the International Fuel Tax Agreement (IFTA).