


NAME OF REGISTRANT	PLEASE TYPE OR PRINT WITH INK	TYPE OF APPLICATION	TYPE OF OPERATION	U.S. DOT NUMBER
FLORIDA BUSINESS ADDRESS (DO NOT USE P.O. BOX)	INTERNATIONAL REGISTRATION PLAN FLORIDA APPLICATION SCHEDULE A DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES BUREAU OF MOTOR CARRIER SERVICES Neil Kirkman Building, MS-62 2900 Apalachee Parkway Tallahassee, Florida 32399-0626 Telephone (850) 617-3711 <i>http://www.flhsmv.gov</i>	<input type="checkbox"/> ORIGINAL	<input type="checkbox"/> EXEMPT COMMODITY CARRIER	FEI # <small>(THIS # IS REQUIRED TO REFERENCE YOUR IFTA ACCOUNT)</small>
CITY COUNTY STATE ZIP CODE FLORIDA		<input type="checkbox"/> RENEWAL	<input type="checkbox"/> HOUSEHOLD GOODS CARRIER	
MAILING ADDRESS		<input type="checkbox"/> ADD FLEET	<input type="checkbox"/> FOR HIRE CARRIER	
CITY COUNTY STATE ZIP CODE		<input type="checkbox"/> ADD STATE	<input type="checkbox"/> PRIVATE CARRIER (OWNS GOODS BEING TRANSPORTED)	
PERSON TO CONTACT REGARDING APPLICATION		<input type="checkbox"/> ADD VEHICLE		
TELEPHONE NUMBER	<input type="checkbox"/> TRANSFER			
IF THE ABOVE ADDRESSES OR TELEPHONE NUMBER ARE DIFFERENT FROM WHAT WAS ON YOUR PREVIOUS APPLICATION PLEASE CHECK THIS BOX: <input type="checkbox"/>	<input type="checkbox"/> INCREASE WEIGHT			
	<input type="checkbox"/> CORRECTION			
	<input type="checkbox"/> FLEET TO FLEET TRANSFER			

TRANSACTION TYPES O – ORIGINAL A – ADD VEHICLE C – CORRECTION D – DELETE VEHICLE	VEHICLE TYPES TT – TRUCK TRACTOR TK – TRUCK (SINGLE) TR – TRACTOR BS – BUS	FUEL TYPES D – DIESEL G – GAS P – PROPANE
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IRP ACCOUNT NUMBER	FLEET NUMBER	VEHICLE INFORMATION	LICENSE YEAR
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TRANS-ACTION TYPE	OWNER'S UNIT NUMBER	Y E A R	M A K E	VEHICLE IDENTIFICATION NUMBER	T Y P E	A S S E S S M E N T S	F U E L	VEHICLE COLOR	GROSS OR COMBINED GROSS WEIGHT	EMPTY WEIGHT	DATE OF PURCHASE (M / D / Y)	OWNER'S PURCHASE PRICE	FACTORY LIST PRICE	NAME OF OWNER (AS IT APPEARS ON TITLE)	TITLE NUMBER AND STATE	COLORADO LOW MILEAGE

<p><i>PLEASE BE SURE</i> YOU PRINTED YOUR NAME, SIGNED THE APPLICATION, AND ENCLOSED THE FOLLOWING REQUIRED DOCUMENTATION, AS NECESSARY.</p>	<p><input type="checkbox"/> PROOF OF OWNERSHIP</p> <p><input type="checkbox"/> COPY OF LEASE, IF APPLICABLE</p> <p><input type="checkbox"/> SIGNED APPLICATION AND PRINTED NAME</p> <p><input type="checkbox"/> PROOF OF ESTABLISHED PLACE OF BUSINESS</p> <p><input type="checkbox"/> PROOF OF PAYMENT OF HEAVY VEHICLE USE TAX (IRS FORM 2290)</p> <p><input type="checkbox"/> PROOF OF BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE</p>	<p>PLEASE DO NOT SEND MONEY WITH THIS APPLICATION. A BILL WILL BE CALCULATED AND MAILED TO YOU. EARLY APPLICANTS WILL BE GIVEN PRIORITY.</p> <div style="text-align: right;">  <p>FLORIDA A SAFER HIGHWAY SAFETY AND MOTOR VEHICLES</p> </div>
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SCHEDULE B – WEIGHT INFORMATION AND MILEAGE

UNITS LISTED WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND AT THE WEIGHTS LISTED BELOW

**SCHEDULE OF FLEET MILEAGE FOR THE PERIOD
JULY 1, _____ THROUGH JUNE 30, _____**
PLEASE NOTE: IF MILEAGE IS NOT INDICATED FOR AN APPORTIONED STATE, YOU WILL NOT BE APPORTIONED TO TRAVEL IN THAT STATE.

Will you be operating intrastate in the state of Wyoming?
YES NO (Please one)

JURISDICTION	ACTUAL MILES	ESTIMATED MILES	INACTIVE MILES	GVW	JURISDICTION	ACTUAL MILES	ESTIMATED MILES	INACTIVE MILES	GVW	JURISDICTION	ACTUAL MILES	ESTIMATED MILES	INACTIVE MILES	GVW
FL – FLORIDA					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 – DIST. OF COLUMBIA					NH – NEW HAMPSHIRE					AB – ALBERTA				
DE – DELAWARE					NJ – NEW JERSEY					BC – BRITISH COLUMBIA				
GA – GEORGIA					NM – NEW MEXICO					MB – MANITOBA				
IA – IOWA					NV – NEVADA					MX – MEXICO				
ID – IDAHO					NY – NEW YORK					NB – NEW BRUNSWICK				
IL – ILLINOIS					OH – OHIO					NL – NEWFOUND/LABRA.				
IN – INDIANA					OK – OKLAHOMA					NS – NOVA SCOTIA				
KS – KANSAS					OR – OREGON					NT – NW TERRITORY				
KY – KENTUCKY					PA – PENNSYLVANIA					ON – ONTARIO				
LA – LOUISIANA					RI – RHODE ISLAND					PE – PRINCE ED. ISL.				
MA – MASSACHUSETTS					SC – SOUTH CAROLINA					PQ – QUEBEC				
MD – MARYLAND					SD – SOUTH DAKOTA					SK – SASKATCHEWAN				
ME - MAINE					TN – TENNESSEE					YT - YUKON				

I certify that the information furnished in this application and the attachments is true and correct. I further certify that I have read and understand the records retention requirements for the International Registration Plan and will comply with them.

PRINTED NAME _____ SIGNATURE _____

TITLE _____ DATE _____

THIS APPLICATION MUST BE SIGNED BY THE REGISTRANT UNLESS REGISTRANT SUBMITS A POWER OF ATTORNEY DESIGNATING THE PERSON SIGNING AS AN AUTHORIZED AGENT.

PLEASE **DO NOT** SEND MONEY WITH THIS APPLICATION. A BILL WILL BE CALCULATED AND MAILED TO YOU.

**EARLY APPLICANTS
WILL BE GIVEN
PRIORITY**

ADD ACTUAL MILEAGE AND ENTER TOTAL IN BOX A	TOTAL ACTUAL FLEET MILES	A	
ADD ESTIMATED MILEAGE AND ENTER TOTAL IN BOX B	TOTAL ESTIMATED FLEET MIILES	B	
ENTER COMBINED TOTAL OF A AND B IN BOX C	TOTAL ACTUAL MILES + ESTIMATED MILES	C	

EXPLANATION OF ESTIMATED MILEAGE: (Attach additional sheets of paper, if necessary.)

EMAIL ADDRESS (OPTIONAL): _____