

APPLICANT INFORMATION ONLY

FULL NAME:

FLORIDA PHYSICAL ADDRESS:
DO NOT USE P. O. BOX OR "MAIL ONLY" STREET ADDRESS

APT/UNIT # **CHECK ONE:**
 BUSINESS
 RESIDENCE

CITY: COUNTY: FL ZIP CODE:

THREE PROOFS OF FLORIDA PHYSICAL ADDRESS ARE REQUIRED IF THIS IS A NEW ACCOUNT OR A PHYSICAL ADDRESS CHANGE TO YOUR CURRENT ACCOUNT. IF ANY ADDRESS OR CONTACT INFORMATION ON THIS APPLICATION IS A CHANGE TO YOUR CURRENT ACCOUNT, CHECK HERE

APPLICANT MAILING ADDRESS:

CITY: STATE: ZIP CODE:

APPLICANT TELEPHONE NUMBER:

APPLICANT EMAIL ADDRESS:

U.S. DOT NUMBER: FEIN:

IRP ACCOUNT NUMBER: FLEET NUMBER:

PLEASE TYPE OR PRINT WITH INK

INTERNATIONAL REGISTRATION PLAN

FLORIDA APPLICATION SCHEDULE A



DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES

BUREAU OF COMMERCIAL VEHICLE AND DRIVER SERVICES (BCVDS)

2900 Apalachee Parkway, MS-62
Tallahassee, Florida 32399-6552
Telephone (850) 617-3711

REGISTRATION YEAR:

↓ **TYPE OF OPERATION** ↓ (Select one choice):

PRIVATE CARRIER (OWNS GOODS BEING TRANSPORTED)
 FOR HIRE CARRIER HOUSEHOLD GOODS CARRIER

ARE YOU AN EXEMPT COMMODITY CARRIER? YES NO

↓ **TYPE OF APPLICATION** ↓ (Check as applies):

ORIGINAL TRANSFER
 RENEWAL INCREASE WEIGHT
 ADD FLEET FLEET TO FLEET TRANSFER
 ADD VEHICLE CORRECTION ↓ (Specify Below)

NAME OF AUTHORIZED AGENT/PERSON TO CONTACT: (Power of Attorney Required) AUTHORIZED AGENT/CONTACT TELEPHONE: ↓ **COLORADO LOW MILEAGE** -Check (✓) the **COLO. LOW MILES** column for any vehicle traveling in Colorado that will travel less than 10,000 miles total in all jurisdictions.

↓ ↓ **VEHICLE INFORMATION** ↓ ↓

TRANSACTION TYPES: A - ADD VEHICLE C - CORRECTION D - DELETE VEHICLE O - ORIGINAL R - RENEWAL

VEHICLE TYPES: TT - TRUCK TRACTOR TK - TRUCK (SINGLE) TR - TRACTOR BS - BUS

FUEL TYPES: D - DIESEL G - GAS P - PROPANE

TRANS-ACTION TYPE	OWNER'S UNIT NUMBER	YEAR	M A K E	VEHICLE IDENTIFICATION NUMBER	T Y P E	# of AXLES POWER UNIT	# of AXLES TRAILER	BUS SEATS	F U E L	↑ COLO. LOW MILES	C O L O R	GROSS OR COMBINED GROSS WEIGHT	EMPTY WEIGHT	DATE OF PURCHASE (M / D / Y)	OWNER'S PURCHASE PRICE	FLORIDA TITLE NUMBER	MOTOR CARRIER RESPONSIBLE FOR VEHICLE SAFETY		
																	U.S. DOT NUMBER ASSIGNED TO VEHICLE	TAX PAYER IDENTIFICATION NUMBER ASSIGNED TO VEHICLE	WILL THE DESIGNATED CARRIER RESPONSIBLE FOR SAFETY CHANGE DURING THE YEAR?
										<input type="checkbox"/>								YES <input type="checkbox"/>	NO <input type="checkbox"/>
										<input type="checkbox"/>								YES <input type="checkbox"/>	NO <input type="checkbox"/>
										<input type="checkbox"/>								YES <input type="checkbox"/>	NO <input type="checkbox"/>
										<input type="checkbox"/>								YES <input type="checkbox"/>	NO <input type="checkbox"/>
										<input type="checkbox"/>								YES <input type="checkbox"/>	NO <input type="checkbox"/>
										<input type="checkbox"/>								YES <input type="checkbox"/>	NO <input type="checkbox"/>

I acknowledge Florida has adopted the federal motor carrier safety and hazardous material regulations and I am familiar with the requirements applicable to me. I certify that the information furnished in this application and the attachments are true and correct; that I have read and understand the records retention requirements for the International Registration Plan; and that I will comply with them.

OTHER CONTACT INFORMATION FOR AUTHORIZED AGENT OR PERSON TO CONTACT REGARDING THIS APPLICATION:

EMAIL ADDRESS TO BE USED FOR THIS ACCOUNT:

MAILING ADDRESS TO BE USED FOR THIS ACCOUNT:

CITY: STATE: ZIP CODE:

CHECK IF CONTACT IS CARRIER'S SERVICE PROVIDER CHECK IF CONTACT IS CARRIER'S EMPLOYEE

↑ **APPLICANT'S SIGNATURE (REQUIRED)** ↑ PRINTED NAME ↑

TITLE:

DATE:

NAME OF CARRIER SERVICE PROVIDER COMPANY (if applicable):

****ALL CARRIER SERVICE AUTHORIZED SIGNATURES MUST BE ON FILE WITH BCVDS**** HSMV 85900 (Rev. 12/2017)

SCHEDULE B - MILEAGE INFORMATION AND WEIGHT

UNITS LISTED WILL BE AUTHORIZED TO OPERATE AT THE WEIGHTS LISTED BELOW


**ENTER ACTUAL MILES TRAVELED BY FLEET VEHICLES FOR THE PERIOD
JULY 1, _____ THROUGH JUNE 30, _____**

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

JURISDICTION	ACTUAL MILES	GVW	JURISDICTION	ACTUAL MILES	GVW	JURISDICTION	ACTUAL 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			QC - QUEBEC		
MD - MARYLAND			SD - SOUTH DAKOTA			SK - SASKATCHEWAN		
ME - MAINE			TN - TENNESSEE			YT - YUKON		

PLEASE BE SURE YOU PRINTED YOUR NAME, SIGNED THE APPLICATION, AND ENCLOSED THE FOLLOWING REQUIRED DOCUMENTATION, ➔ AS APPLICABLE.

- 3 PROOFS OF ESTABLISHED PLACE OF BUSINESS OR RESIDENCE
Required for new account or whenever Florida physical address changes.
- PROOF OF VEHICLE OWNERSHIP
Out of state titles must have a copy of clear title (front and back) or a copy of the receipt for the electronic title; VIN Verification Form; and a letter from the lien-holder or a lease agreement.
- PROOF OF BODILY INJURY/PROPERTY DAMAGE LIABILITY INSURANCE WITH PIP
- PROOF OF PAYMENT OF HEAVY VEHICLE USE TAX
- COPY OF LEASE, IF APPLICABLE
- RECORD KEEPING AGREEMENT FORM HSMV 85017 (Required for new account)

TOTAL THE ACTUAL MILES LISTED ABOVE AND ENTER HERE 

PLEASE DO NOT SEND MONEY WITH THIS APPLICATION. A BILL WILL BE CALCULATED AND MAILED TO YOU. APPLICATIONS ARE WORKED ON FIRST RECEIVED BASIS.

FOR ORIGINAL IRP APPLICATIONS ONLY: Does this fleet and/or vehicle have any history of prior IRP registration in another jurisdiction? YES NO

What jurisdiction?

Does this fleet and/or vehicles have any history of prior Florida IRP Registration?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Has your registration ever been suspended or revoked?	YES <input type="checkbox"/>	NO <input type="checkbox"/>