

**International Registration Plan - Original Supplemental Application (Schedule A/C)**

REGISTRANT INFORMATION				STATE OF MARYLAND MOTOR VEHICLE ADMINISTRATION INTERNATIONAL REGISTRATION PLAN Original / Supplemental Application Schedule A/C			*TYPE	** FUEL	*** TEMPORARY AUTHORITY
FIVE DIGITS ACCOUNT NUMBER	THREE DIGITS FLEET NUMBER	THREE DIGITS SUPP. NUMBER	TWO DIGITS REGISTRATION YR.				Please check <input type="checkbox"/> Original <input type="checkbox"/> Supplement <input type="checkbox"/> Renewal  1. Please read instructions on back of form before completing application  2. Please print clearly in ink, or type		
NAME OF REGISTRANT				PERSON TO CONTACT REGARDING APPLICATION					
BUSINESS ADDRESS (Do not use P.O. Box)				CITY			STATE	ZIP CODE	PHONE NUMBER
CITY				STATE			ZIP CODE		
MAILING ADDRESS				CITY			STATE		
CITY				STATE			ZIP CODE		

UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND AT THE WEIGHTS LISTED BELOW. USE SEPARATE PAGE(S) FOR ANY VEHICLE WITH A WEIGHT DIFFERENCE IN ANY JURISDICTION. WEIGHT WILL BE PRINTED ON THE CAB CARDS FOR ALL UNITS LISTED BELOW.

**WEIGHT INFORMATION**

AB (Alberta)	CT (Connecticut)	IN (Indiana)	MI (Michigan)	ND (North Dakota)	NV (Nevada)	QC (Quebec)	VA (Virginia)
AK (Alaska)	DC (Dist. of Col.)	KS (Kansas)	MN (Minnesota)	NE (Nebraska)	NY (New York)	RI (Rhode Island)	VT (Vermont)
AL (Alabama)	DE (Delaware)	KY (Kentucky)	MO (Missouri)	NF (Newfoundland)	OH (Ohio)	SC (South Carolina)	WA (Washington)
AR (Arkansas)	FL (Florida)	LA (Louisiana)	MS (Mississippi)	NH (New Hampshire)	OK (Oklahoma)	SD (South Dakota)	WI (Wisconsin)
AZ (Arizona)	GA (Georgia)	MA (Massachusetts)	MT (Montana)	NJ (New Jersey)	ON (Ontario)	SK (Saskatchewan)	WV (West Virginia)
BC (British Columbia)	IA (Iowa)	MB (Manitoba)	MX (Mexico)	NM (New Mexico)	OR (Oregon)	TN (Tennessee)	WY (Wyoming)
CA (California)	ID (Idaho)	MD (Maryland)	NB (New Brunswick)	NS (Nova Scotia)	PA (Pennsylvania)	TX (Texas)	YT (Yukon)
CO (Colorado)	IL (Illinois)	ME (Maine)	NC (North Carolina)	NT (Northwest Terr.)	PE (Prince Edward Is.)	UT (Utah)	

**VEHICLE INFORMATION**

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
MARYLAND TITLE NUMBER	OWNER EQUIPMENT (UNIT) NUMBER	VEHICLE IDENTIFICATION NUMBER (AS SHOWN ON TITLE)	YEAR	MAKE OF VEHICLE	*TYPE	AXLES OR SEATS	QUEBEC AXLES	**FUEL	UNLADEN WEIGHT	GROSS WEIGHT	PURCHASE PRICE OF VEHICLE	DATE OF PURCHASE MO/DA/YR	DATE OF LEASE MO/DA/YR	*** TEMPORARY AUTHORITY	U.S. DOT NUMBER	NAME OF OWNER AS SHOWN ON TITLE	CURRENT MD LICENSE PLATE NUMBER

**DELETED VEHICLE INFORMATION**

1	2	3	4	5	6	7
OWNER EQUIPMENT (UNIT) NUMBER	YEAR	MAKE OF VEHICLE	VEHICLE IDENTIFICATION NUMBER (AS SHOWN ON TITLE)	GROSS WEIGHT	REPLACEMENT EQUIPMENT (UNIT) NUMBER	REASON REMOVED

**19 INSURANCE INFORMATION**

NAME OF INSURANCE COMPANY AS SHOWN ON POLICY	
POLICY OR BINDER NUMBER	
<b>CERTIFICATION:</b> By signing this application I certify knowledge of the Federal and State motor carrier safety laws and further certify this fleet is maintained in compliance with the Maryland Preventive Maintenance Program.	<b>INSURANCE:</b> I/we certify under penalty of law that the vehicle noted on the face hereof is covered by at least the minimum amounts of insurance required by the Maryland Motor Vehicle Laws, and further certify that this vehicle will be continuously insured throughout its registration period. This certification may be used for insurance verification purposes.
All Vehicles within an account are subject to suspension if all apportionable fees are not paid.	
SIGNATURE (Applicant or authorized representatives)	CAPACITY
DATE	

MUST BE SIGNED

**INSTRUCTIONS FOR COMPLETING ORIGINAL/SUPPLEMENTAL APPLICATION (SCHEDULE A/C)**

**FLEET INFORMATION**

- ACCOUNT NUMBER** - Enter the IRP account number assigned by the Maryland Motor Vehicle Administration. This number is assigned when your original application Schedule A/C is filed.
- FLEET NUMBER** - If more than one fleet is registered under the same company name, indicate which fleet number 001, 002, ect., that this application refers to.
- SUPPLEMENT NUMBER** - Start with 001 on first supplement. Number each additional supplement consecutively.
- REGISTRATION YEAR** - Last 2 digits of current registration year.
- NAME OF REGISTRANT** - Name of the person, firm, or corporation requesting apportioned registration.
- BUSINESS ADDRESS** - (Street, city, state, zip code) - where application has an established place of business, telephone, and will maintain and/or make records available for audit.
- MAILING ADDRESS** - (Street, city, state, zip code) - apportioned registration license plates will be sent to this address. All correspondence will be sent to this address. Cannot be a post office box.
- PERSON TO CONTACT** - Name of person to be contacted to resolve problems with application. Include phone number.

**WEIGHT INFORMATION**

List weight to be carried in each jurisdiction where Fleet will be apportioned. Limit vehicles on each page to power units and use a separate page if weights in all jurisdictions do not follow the same pattern for each vehicle.

**VEHICLE INFORMATION**

1. **MARYLAND TITLE NUMBER** - Maryland title number for each vehicle. If none, Form VR-005, Application for Title, must be submitted with this application. If the vehicle is titled out-of-state, you must submit a copy of the vehicle title.
2. **EQUIPMENT NUMBER** - Arbitrary number assigned by applicant to each unit. Number should be unique for each vehicle.
3. **VEHICLE IDENTIFICATION NUMBER** - Complete VIN as shown on vehicle and listed on the manufacturer's Certificate of Origin or Title.
4. & 5. **YEAR AND MAKE** - Manufacturer's model year and make.
6. **VEHICLE TYPE** - See vehicle type abbreviations on front of Schedule.
7. **AXLE SEATS** - Enter the number of axles for each truck or tractor or number of seats for each bus.

**VEHICLE INFORMATION (CONTINUED)**

8. **QUEBEC AXLES** - If vehicle travels in Quebec, enter total number of axles including the trailer axles.
9. **FUEL** - Diesel, Gasoline or Propane: see front of Schedule for fuel abbreviations.
10. **UNLADEN WEIGHT** - Weight of the vehicle without a load.
11. **GROSS WEIGHT** - The unladen (empty) weight of a vehicle plus the weight of the load carried on that vehicle. For a tractor this would be the weight of the tractor plus that part of the weight of a fully loaded semi-trailer resting on the tractor.
12. **PURCHASE PRICE OF VEHICLE** - The actual purchase price of the vehicle (i.e. price paid for the vehicle by the current owner).
13. **DATE OF PURCHASE** - Month, day, and year of purchase.
14. **DATE OF LEASE** - Month, day and year lease initiated.
15. **TEMPORARY AUTHORITY** - Indicate if a 60 day temporary authority is needed. Fee is \$2.00 per vehicle.
16. **U.S. DOT NUMBER** - Enter U.S. DOT number assigned to the vehicle.
17. **NAME OF OWNER** - Name of owner for each vehicle if registrant other than owner. Owner must sign on reverse side of Schedule. No registration for vehicle will be issued without this signature.
18. **CURRENT MARYLAND LICENSE PLATE NUMBER** - If vehicle currently registered in Maryland, list license plate number. NOTE: If vehicle is not new and has never been titled in Maryland, vehicle must be inspected prior to registration.
19. **INSURANCE INFORMATION** - Show name of vehicle liability insurance company as it appears on policy. Also indicate insurance policy or binder number. PLEASE SIGN THE APPLICATION.

**DELETED VEHICLE INFORMATION**

- 1.- 4. Follow the same instructions shown for steps 2-5 of Vehicle Information.
5. **GROSS WEIGHT** - The unladen (empty) weight of a vehicle plus the weight of the load carried on that vehicle. For a tractor this would be the weight of the tractor plus that part of the weight of a fully loaded semi-trailer resting on the tractor.
6. **REPLACEMENT EQUIPMENT UNIT #** - Unit number of the vehicle being added in place of the deleted Unit.
7. **REASON REMOVED** - Enter the reason the vehicle is being deleted (i.e. sold, wrecked, junked, fleet transfer, ect.)  
**PLEASE SIGN THE APPLICATION.**



Apply to register to vote with your driver's license transaction. For details ask your customer service representative.