

- New Unit
- Weight Increase
- Weight Decrease
- Add Jurisdictions
- Delete Unit(s)
- Add Unit(s)
- Fleet to Fleet
- Create New Wt. Grp.
- Registration Transfer
- Correction
- Total Unit(s) Deleted _____
- Total Unit(s) Added _____

STATE OF MAINE
 Bureau of Motor Vehicles, IRP Unit
 State House Station 29
 Augusta ME 04333-0029
 Phone: 207-624-9000 extension 52135
 Fax: 207-624-9086

Account # _____

Supplement # _____

Loc Code _____

NAME OF REGISTRANT			DATE OF BIRTH	FLEET NUMBER	USDOT NUMBER
DOING BUSINESS AS (D/B/A)			TAXPAYER IDENTIFICATION NUMBER (TIN)		REGISTRANT ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS			CONTACT PERSON		MC NUMBER
MAILING ADDRESS			TELEPHONE NUMBER () ()	CELL PHONE NUMBER () ()	REGISTRATION YEAR

DECLARED JURISDICTIONAL WEIGHTS - List the Operating Weight for each jurisdiction for which registration is requested.

AB	AL	AR	AZ	BC	CA	CO	CT	DC	DE	FL	GA	IA	ID
IL	IN	KS	KY	LA	MA	MB	MD	ME	MI	MN	MO	MS	MT
NB	NC	ND	NE	NH	NJ	NL	NM	NS	NV	NY	OH	OK	ON
OR	PA	PE	QC	RI	SC	SD	SK	TN	TX	UT	VA	VT	WA
WI	WV	WY											

If weight is given for WY, do you have Intrastate Authority? Y N If TK is traveling in CO, does it pull a trailer? Y N

ADDITIONS - VEHICLE INFORMATION

UNIT NUMBER	MODEL YEAR	MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER	*TYPE	**FUEL	AXELS	BUSHP	SEATS	GROSS WEIGHT	UNLADEN WEIGHT	NAME OF OWNER/LESSOR	*TYPE TT TK CG BS
1												
HAULS TRAILER? <input type="checkbox"/> YES <input type="checkbox"/> NO				MAXIMUM NUMBER OF TRAILER AXLES? _____				CARRIER RESPONSIBLE FOR VEHICLE SAFETY				
TITLE NUMBER	TITLE JURIS	NEW / USED	PURCHASE PRICE & PURCHASE DATE	FACTORY PRICE	WILL THE VEHICLE BE LEASED FOR 30 DAYS OR MORE TO ANOTHER CARRIER	LEASE DATE	***USDOT NUMBER	****TAXPAYER IDENTIFICATION NUMBER (TIN)	*****PLEASE INDICATE IF THE CARRIER RESPONSIBLE FOR SAFETY FITNESS OF THE VEHICLE IS EXPECTED TO CHANGE DURING THIS REGISTRATION YEAR.			**FUEL D G P
		<input type="checkbox"/> N <input type="checkbox"/> U			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO			
UNIT NUMBER	MODEL YEAR	MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER	*TYPE	**FUEL	AXELS	BUSHP	SEATS	GROSS WEIGHT	UNLADEN WEIGHT	NAME OF OWNER/LESSOR	
2												
HAULS TRAILER? <input type="checkbox"/> YES <input type="checkbox"/> NO				MAXIMUM NUMBER OF TRAILER AXLES? _____				CARRIER RESPONSIBLE FOR VEHICLE SAFETY				
TITLE NUMBER	TITLE JURIS	NEW / USED	PURCHASE PRICE & PURCHASE DATE	FACTORY PRICE	WILL THE VEHICLE BE LEASED FOR 30 DAYS OR MORE TO ANOTHER CARRIER	LEASE DATE	***USDOT NUMBER	****TAXPAYER IDENTIFICATION NUMBER (TIN)	*****PLEASE INDICATE IF THE CARRIER RESPONSIBLE FOR SAFETY FITNESS OF THE VEHICLE IS EXPECTED TO CHANGE DURING THIS REGISTRATION YEAR.			***USDOT Number Assigned to Vehicle
		<input type="checkbox"/> N <input type="checkbox"/> U			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO			

*****Indicate whether the carrier responsible for the safety of the vehicle is expected to change during the registration year. Check yes or no.

****EIN or SSN Assigned to vehicle _____

DELETIONS - RETURN PLATES AND WHITE CAB CARD WHEN DELETING A VEHICLE

UNIT NUMBER	YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	APPORTIONED PLATE NUMBER	REASON REMOVED
1						
2						
3						
4						

LEGENDS

*TYPE OF VEHICLE
TT - TRUCK TRACTOR
TK - STRAIGHT TRUCK
CG - CONVERTER GEAR
BS - BUS

**FUEL
D - DIESEL
G - GASOLINE
P - PROPANE

REASON REMOVED
NM - NEED OF MAINTENANCE (No Credit Allowed)
S - SOLD
ST - STOLEN
W - WRECKED or JUNKED (Must be permanently removed from fleet)
O - OTHER (Explain _____)

 AUTHORIZED SIGNATURE (VERIFIES THAT INFORMATION IS CORRECT AND THAT VEHICLE LIABILITY SECURITY IS MAINTAINED)

 TITLE

 DATE

DISCLOSURE

This statement is made in accordance with the Federal Privacy Act of 1974, Section 7(b). Providing your Social Security Number or Federal Employer Identification Number is mandatory and is required by State and Federal law or rule to receive motor carrier credentials. Your Social Security Number or Federal Employer Identification Number will be solely for identification purposes and will be kept confidential.

OFFICE USE ONLY

- | | | | | | | |
|--|---------------------------------------|---------------------------------------|------------------------------------|---------------------------------------|--------------------------------------|---|
| <input type="checkbox"/> DEALER'S CERT | <input type="checkbox"/> USE TAX CERT | <input type="checkbox"/> BILL OF SALE | <input type="checkbox"/> TITLE APP | <input type="checkbox"/> TITLE OR MSO | <input type="checkbox"/> EXCISE | <input type="checkbox"/> INSURANCE |
| <input type="checkbox"/> FUEL | <input type="checkbox"/> UMCAMS | <input type="checkbox"/> CORPORATIONS | <input type="checkbox"/> 2290 | <input type="checkbox"/> MCS-150 | <input type="checkbox"/> DRIVER INFO | <input type="checkbox"/> SAFESTAT/MCMIS |

CANADIAN VEHICLES ORIGINALS ONLY

- | | | |
|---|--|--|
| <input type="checkbox"/> ORIGINAL REGISTRATION (CANADIAN) | <input type="checkbox"/> ENTRY SUMMARY 7501 | <input type="checkbox"/> ORIGINAL MVT-10 |
| <input type="checkbox"/> DOT FORM HS7 | IF BOX 3 IS CHECKED ON THE HS7 FORM <input type="checkbox"/> BOND RELEASE LETTER | |
| <input type="checkbox"/> UNTITLED DEALER'S REGISTRATION | (IF NEW OR NEVER REGISTERED) | DATE REC'D _____ |

COMMERCIAL TO IRP

CREDIT \$ _____ REBATE \$ _____ COMMERCIAL PLATE & REGISTRATION

INSTRUCTIONS FOR COMPLETING SCHEDULE C

PAGE 1 Section 1 - TRANSACTION CODES, ACCOUNT #, FLEET

Transaction Codes: Indicate the type(s) of transaction(s) you wish to have completed by marking those transactions that apply. Check as many as apply.

Account Number: will be required for all written or oral correspondence with the IRP Unit. The account number can be found on the cab card or any previous invoices.

Supplement Number will be assigned by the IRP Unit.

Section 2 - APPLICANT INFORMATION

Name of Registrant: must be the full, legal name of the registrant. This will be the owner of the plates. **DBA's are not acceptable.** Companies must have a Taxpayer Identification Number (TIN)

Date of Birth: The registrant's date of birth. If incorporated, leave blank.

Fleet Number: A three-digit number used for identification of fleets within an account. If you are making a change to an existing fleet, please use the number already assigned.

(The fleet number can be found on the cab card.)

US DOT Number: The number assigned to you by the Federal Motor Carrier Safety

Doing Business As: (DBA) A trade name, which may or may not be the same as the registrant's name. This field is optional

Taxpayer Identification Number: (TIN) Federal ID Number is required for a company. Individuals must provide their SSN.

Registrant Only?: Is the status of your US DOT number, Registrant Only? Check Yes or No.

Physical Address: The street address and town where the applicant maintains an established place of business in MAINE, and where operational records are maintained or such records can be made available. A Post Office box is not acceptable.

Contact Person: The person responsible for maintaining applicant's records and is familiar with requirements of the IRP. All IRP correspondence will be directed to this person.

MC Number: The number assigned by the Federal Motor Carrier Safety Administration required if you are hauling non-exempt commodities.

Mailing Address: The address to be used for the mailing of all correspondence regarding this account.

Telephone Number: The telephone number of the contact person.

Cell Phone Number: The cell phone number of the contact person.

Registration Year: The year in which your registration expires.

Section 3 - DECLARED JURISDICTIONAL WEIGHTS

If weight is given for WY, do you have Intrastate Authority?: Check Yes or No.

IF TK is traveling in CO, does it pull a trailer?: Check Yes or No

Use this section to change a weight for a jurisdiction and/or to indicate a weight for a new jurisdiction added. This is your gross weight profile. (For QC use number of axles)

Enter: the gross weight for each jurisdiction in which you wish to apportion.

All vehicles must be grouped by vehicle types. A different Schedule C must be filed for each weight profile.

Section 4 - ADDITIONS - VEHICLE INFORMATION

Unit Number: Show the equipment or unit number assigned by the registrant.

Model Year: List the model year of the vehicle.

Make/Model: List the make and the model number of the vehicle.

Vehicle Identification Number: List the complete Vehicle Identification Number.

***Type:** Use the vehicle CODE KEY on the right side of the form (Legend on Page 2)

BUSHP: If unit is a bus, list the horsepower.

Axles/Seats: List the number of axles on the power unit, including the steering axle. If unit is a bus, list the number of seats.

****Fuel:** List the fuel type from the CODE KEY on the right side of the form. (Legend on Page 2)

Gross Weight: List the maximum total weight at which the unit is to be registered. Include the empty weight of all vehicles. Include the empty weight of the vehicle, trailer, and maximum weight of the load.

Unladen Weight: List the actual empty weight of the unit excluding the weight of any load.

Name of Owner/Lessor: List the name of the owner as recorded on the title, or the person leasing the vehicle.

Title Number: List the vehicle title number.

Title Juris: List the jurisdiction the vehicle is titled in.

New/Used Check "N" if purchased new; "U" if purchased used.

Date of Purchase: List the month, day and year (MM/DD/YY) that the vehicle was purchased by you.

Purchase Price: List the actual price you paid for the vehicle

Factory Price List the manufacturer's suggested retail price of the vehicle when new.

Leased: Will the vehicle be leased for 30 days or more to another carrier? Please check "YES" or "NO".

Leased Date: If the vehicle will be leased, list the month, day and year (MM/DD/YY) the current lease started.

*****US DOT Number:** List the US DOT number assigned to the vehicle.

******Taxpayer Identification Number:** (TIN) List the Social Security Number or Federal Employer Identification Number assigned to the vehicle.

*******Vehicle Safety:** Indicate whether the carrier responsible for the safety of the vehicle is expected to change during the registration year. Check "YES" or "NO"

Page 2

Section 5 - DELETIONS

Unit Number: Show the equipment or unit number you assigned to the unit.

Year List the model year of the vehicle.

Make: List the make of the vehicle.

Model: List the model number of the vehicle.

Vehicle Identification Number (VIN) List the complete Vehicle Identification Number.

Apportioned Plate Number: List the class and number of the plate assigned to the vehicle.

Reason Removed: List the reason you are deleting the vehicle. (Legend on Page 2.)

Section 6 - LEGENDS

***Type of Vehicle:** Lists the VEHICLE CODE TYPE for various types of vehicles.

****Fuel:** Lists the FUEL CODE TYPE for available fuels.

Reason Removed: Lists the REASON CODE TYPE for various reasons for vehicle deletion.

Section 7 - SIGNATURE

Authorized Signature: Signature of registrant or Agent with P.O.A. on file.

Title: Title or position of the person signing the form (i.e. Owner, President, Agent, etc.) If you are a registration agent, please submit proof of Power of Attorney, if not on file. **Your application cannot be processed without this.**

Date: Enter the date the application is signed.

NOTE: Plates are not self-transferable, nor can they be transferred by any dealer. Refer to your Motor Carrier Manual for more information about transfers.

NOTE: If you delete a vehicle from your fleet during the course of the registration year and do not replace it, you must return both the apportioned plate and cab card and request a deletion