



ABOUT THE IRP

IMPORTANT: The public counter at the IRB Albany Office remains closed and does not accept IRB Drop off applications. You are required to process all New Account applications by mail.

The International Registration Plan (IRP) is an agreement between 48 U.S. states, the District of Columbia and 10 Canadian provinces which recognizes the registration of commercial motor vehicles issued by other jurisdictions.

All commercial vehicles that weigh more than 26,000 lbs. *gross weight*, either alone or in combination or having 3 or more axles (regardless of weight) and travel in two jurisdictions or more are eligible to register in IRP.

Under IRP, an interstate carrier files an application with the jurisdiction where the interstate carrier is based. The IRP agreement allows the base jurisdiction to collect the registration fees for the other IRP jurisdictions. The base jurisdiction issues a set of plates and a cab card for each vehicle. The cab card lists **all** the IRP member jurisdictions and corresponding weights.

REQUIREMENTS FOR IRP REGISTRATION IN NEW YORK STATE

**All forms and instructions are found on the DMV website at
<https://dmv.ny.gov/motor-carriers/international-registration-plan-irp>**

NOTE: Do not submit your New Account Application without all required documentation

In addition to having an established place of business in New York State (NYS) or in a non-IRP jurisdiction (Alaska, Hawaii, Northwest Territory or Yukon Territory), you must provide the following:

1. A Schedule A & C (*form IRP-6*) and Schedule B (*form IRP-5*).
2. A copy of the NY title, or the receipt for a NY title (*form FS-6T*), in the owner's name; or
3. A copy of an out-of-state title in the owner's name, with the sales tax clearance from a NYS Motor Vehicles office (*form FS-6T*). If the out-of-state title is held by a lienholder, you must provide a copy of the title, certified by the lienholder. The lienholder must provide a statement identifying the owner and the vehicle's year, make and VIN. The statement must be an original on the lienholder's letterhead, and must state that the lienholder holds the original title and is aware that the title copy will be used to register the vehicle in NYS. The letter must be unconditional (for example, the lienholder cannot ask for a notification when the vehicle is registered).
4. If the registrant is different from the owner, you must provide authorization to register the vehicle by having the owner complete any one of the following for each vehicle: the "Registration Authorization" section on form IRP-6 or IRP-6A; IRP Registration Authorization Information (*form IRP-95*); or the "Different Owner" section on the Vehicle Registration/Title Application (*form MV-82*).
5. NYS Insurance Identification Card (*form FS-20, FS-21, FH-1 or FS-77*) in the registrant's name (must be barcoded and scannable) **OR** a copy of a federal ICC/MC or NYS DOT permit in the registrant's name. The effective date of the NYS Insurance Identification Card must not be more than 45 days of the date of submission.
6. Proof of payment of the Federal Heavy Vehicle Use Tax (*IRS Form 2290*) for vehicles registering at 55,000 lbs. or higher. Acceptable proof of payment:
 - A legible copy of the receipted Internal Revenue Service (IRS) Schedule 1 (Form 2290), listing vehicle identification number(s).
 - In lieu of a receipted IRS Schedule 1 (Form 2290), we will accept a legible copy of the Schedule 1 (Form 2290) and a copy of proof of payment document (for example, canceled check front and back, proof of electronic payment to the IRS).
7. Proof of identity for the registrant (*and owner, if different from the registrant*), or for the person signing with a power of attorney. Refer to Proofs of Identity for Registration and Title (*form ID-82*), available at <https://dmv.ny.gov/forms/id82.pdf>.
8. Photocopy of the registration receipt if the vehicle is currently registered in NYS.
9. Proof of incorporation - NYS Department of State filing receipt.

10. Proof of DBA. **For corporate DBAs:** a filing receipt from the NYS Department of State with the DBA listed. **For individual or partnership DBAs:** a copy of the DBA filing receipt issued by the County Clerk.
11. Proof of partnership - a Certificate of Partnership filed with the County Clerk. If there are more than two partners, you must also provide a Statement of Partnership or Joint Ownership (*form MV-83T*) available on the DMV Website at: <https://dmv.ny.gov/forms/mv83t.pdf>
12. Overweight/Oversize Permit - Overweight permits must be obtained from the appropriate regulatory agencies if you want to register at a weight higher than the allowable weight. If you want to register a tractor in New York at a weight that exceed 80,000lbs., you are required to provide a Perm-65, a valid overweight permit or a special hauling permit issued by either the New York City or New York State Department of Transportation (the weight indication on the document submitted will be the maximum weight allowed on your registration).
13. Proof of an established place of residency or business (see the instructions below).
If the registration documents are submitted by someone other than the registrant, proof of identity must be submitted for the registrant (as described in number 7 above) and for the person who provides the documentation by mail.

Third Party Agent

If you are utilizing a company to process your IRP related transactions, please be advised they are required to be authorized in New York State by the Department of Tax and Finance and must provide the International Registration Bureau with the certification information. They are also required to provide a Master Power of Attorney (POA) from the Company, as well as a POA from your company authorizing them to do business on behalf of your company. The form (IRP-1POA) is located on the DMV Website <https://dmv.ny.gov/forms/irp1poa.pdf>. Every transaction and/or request must be accompanied by an IRP-1POA, or the transaction will not be processed.

ACCEPTABLE PROOFS OF ESTABLISHED PLACE OF RESIDENCY OR BUSINESS

(required for new accounts or existing accounts with a change of address)

INDIVIDUAL	BUSINESS
You must submit 3 proofs from the list below	
<i>NYS Driver License</i> If a NYS resident wants to register a vehicle with the NYS IRP in the NYS resident's name, the NYS resident must have a NYS driver license.	<i>NYS Department of State Filing Receipt</i> If a company wants to register in a company or corporation name, the company must have a NYS Department of State Filing Receipt.
If you want to register a vehicle with NYS IRP in a "Doing Business As" (DBA) name, you must submit copies of the DBA papers that were filed with the County Clerk's office for an individual DBA or filed with the NYS Department of State for a corporate DBA. In addition, review the list below and submit 2 proofs that show the name and address of the registrant.	
Recent real estate or personal property tax bill or receipt from NYS in the registrant's name and address.	Recent real estate or commercial property tax bill or receipt from NYS in the company's name and address.
A recent utility bill in the registrant's name with the NYS address. (You can submit only one utility bill.)	A recent utility bill in the company name with the NYS address. (You can submit only one utility bill.)
A current credit card statement showing activity within the last 90 days in the registrant's name with the NYS address.	A current credit card statement showing activity within the last 90 days in the company name with the NYS address.
A current bank statement showing recent activity within the last 90 days in the registrant's name with the NYS address.	A current bank statement showing recent activity within the last 90 days in the company name with the NYS address.
Property deed in the registrant's name with the NYS address.	Property deed in the company name with the NYS address.
A recent mortgage document in the registrant's name with the NYS address.	A recent mortgage document in the company name with the NYS address.
A recent homeowner insurance document in the registrant's name with the NYS address.	A recent commercial property insurance document in the company name with the NYS address.
Certificate of Residency from your local municipality that shows the registrant's name with the NYS address.	A NYS Certificate of Title in the company name with the NYS address.
A NYS Certificate of Title in the registrant's name and address.	
Please Note: A Post Office box number is not acceptable proof of established place of residence/business in New York. The proof you provide must show the street address where the residence/business is located.	

Do not send payment with your application. You will be invoiced by the International Registration Bureau (IRB). Payments will not be processed until all required documents are received. All payments by mail must be made by certified check or money order. Payments by credit card are accepted by phone.

INTERNATIONAL REGISTRATION BUREAU OFFICE INFORMATION

All New IRP Account applications must be processed by the IRB office by mail.

Mailing Address	Express Mail (Fed Ex, UPS Next Day, Air etc.)	Phone Number and Phone Hours
NYS Department of Motor Vehicles International Registration Bureau PO Box 2850 - ESP Albany, NY 12220-0850	NYS Department of Motor Vehicles International Registration Bureau 6 Empire State Plaza—Swan St. Bldg. Core 3, Room 136 - 1st Floor Albany NY 12228	(518) 473-5834 Monday-Thursday 9:00 am to 1:00 pm IRB email address irb@dmv.ny.gov Include your account name in all email communication

If you would like your registration credentials returned by an overnight delivery service, you must provide a completed prepaid mailer and/or prepaid envelope with your application. Incomplete and/or insufficient postage-paid envelopes or labels will be returned to you with your credentials by routine mail. Keep a record of your tracking number in the event your mail must be traced.

INSTRUCTIONS FOR COMPLETING IRP APPLICATION FORMS

If you use the online version of this booklet, complete forms IRP-6, IRP-6A (if needed) and IRP-5 at the end of this online booklet and print the completed forms that you need to submit.

SCHEDULE A & C (form IRP-6)

PART 1

Type of Application Requested - Check the box that describes the type of application you want processed.

REGISTRANT/CARRIER INFORMATION:

1. **ACCOUNT #** - If you have an existing account, enter your IRP account number on this line. New accounts will be assigned an account number.
2. **FLEET #** - Enter the fleet number this application refers to. For new accounts, number each fleet in order (*001, 002, etc.*).
3. **REGISTRANT NAME** - Enter the name on the account, or the name that you want on the account.
4. **DBA (Doing Business As)** - If you have a DBA, enter the name of the DBA on this line.
5. **BUSINESS ADDRESS** - Provide the legal address (where business records are maintained) on this line. A P.O. box number is not acceptable.
6. **CONTACT PERSON** - Provide the name of a person we can contact if we have any questions about the application.
7. **PHONE #** - Provide a phone number for the contact person. Please include the area code.
8. **FAX #** - Provide a fax number to which we can send information. Please include the area code.
9. **EMAIL ADDRESS** - Provide an email address to which we can send information. All email communication will be sent to the email address provided.
10. **TAXPAYER IDENTIFICATION NUMBER (TIN)** - Enter the number issued to your business by the IRS. If the IRS has not issued a number for your business, or you are an individual, enter your social security number.
11. **DATE OF BIRTH** - Individual only. Your date of birth as it appears on your driver license.

12. **SEX** - Individual only. Check the appropriate box.
13. **PRIVACY ACT** - If you do not want your personal information from this record used for surveys, marketing and solicitations, check the box.
14. **WYOMING AUTHORITY #** - If you will do intrastate business in the state of Wyoming (*pick up and drop off a load within the state*) you must enter the authority number issued to you by Wyoming.
15. **REGISTRANT'S DOT #** - Enter the registrant's US DOT #. If the registrant does not have a US DOT # enter "Registrant only".
16. **FLEET TYPE** - Enter one of the following letters based on your type of operation: "**P**" (*Private Carrier*); "**H**" (*Haul for Hire Carrier or an Exempt Carrier*); "**M**" (*Household Carrier*); or "**R**" (*Rental Carrier*).
17. **COMMODITY CLASS** - Enter one of the following letters based on your type of operation: "**A**" (*All*); "**G**" (*Gravel*); "**L**" (*Logging*); or "**H**" (*Household Goods*).
18. **# OF REG MONTHS** - Enter the number of registration months. New accounts should enter "12". Existing accounts should enter the number of months that remain on your existing IRP registration.
19. **EFFECTIVE DATE** - Enter the date that you want this application to take effect.
20. **EXPIRATION DATE** - An expiration date will be assigned for new accounts. For existing accounts, enter the expiration date as it appears on your existing IRP registration.
21. **MAILING ADDRESS** - If the mailing address is different from your business address enter the mailing address to which all documents can be sent.

PART 2

FLEET TO FLEET TRANSFER INFORMATION

For existing accounts only. If you want to transfer one or more vehicles from one fleet to another fleet, please provide the following information:

22. **VEHICLE UNIT # (OEN)** - Enter the number assigned to the vehicle to be transferred to another fleet.
23. **VEHICLE IDENTIFICATION NUMBER (VIN)** - Enter the VIN of the vehicle to be transferred.
24. **FROM FLEET #** - Enter the number of the current fleet from which the vehicle is being transferred.
25. **TO FLEET #** - Enter the number of the fleet to which the vehicle is to be transferred.

DELETIONS

For existing accounts only. If you want to delete a vehicle from an account, please provide the following information:

26. **VEHICLE UNIT # (OEN)** - Enter the number assigned to the vehicle to be deleted.
27. **VEHICLE IDENTIFICATION NUMBER (VIN)** - Enter the VIN of the vehicle to be deleted.
28. **LICENSE PLATE NUMBER** - Enter the license plate number for the vehicle to be deleted.
29. **REPLACEMENT VEHICLE UNIT # (OEN)** - If you add a vehicle to replace the one to be deleted, enter the number you assigned to the new vehicle, and complete PART 4 of Schedule A & C (*form IRP-6*) with the rest of the vehicle information.

PART 3

WEIGHT INFORMATION

30. Next to each jurisdiction, enter the maximum gross weight of the vehicle to be registered. This weight will appear on your cab card.

If you register vehicles at different weights (for example, a tractor at 80,000 lbs. and a truck at 50,000 lbs.), you must complete sections 1, 3 and 4 of separate Schedule A & C forms.

VEHICLE INFORMATION FOR NEW ACCOUNTS, ADDITIONS, OR CHANGES

31. **VEHICLE UNIT # (OEN)** - Enter the number you assigned to the vehicle. A unit number may not be duplicated, each vehicle must have its own vehicle unit number.
- (A) Vehicle Identification Number (VIN)** - Enter the complete VIN, as shown on your title or other proof of ownership.
- (B) Year** - Enter the 4-digit model year of the vehicle.
- (C) Vehicle Make** - Enter the vehicle make, as shown on your title or other proof of ownership.
- (D) Vehicle Type** - Enter “TK” - Truck, “TR” - Tractor, or “BS” - Bus.
- (E) Fuel/Cyl** - Enter “D” - Diesel, “G” - Gas, “P” - Propane, “N” - Natural Gas, “F” - Flex, “E” - Electric, or “O” - Other. Enter the number of cylinders for the vehicle.
- (F) Wheelbase** - For trucks with 3 or more axles that register at 44,801 lbs. and over. Enter the wheelbase of your vehicle in feet, rounded to the nearest foot (*if a measurement is 6 inches or more, round up to the next foot*). Wheelbase is the distance from the center of the frontmost axle to the center of the rearmost axle.
- (G) Unladen WT** - Enter the empty weight of the vehicle.
- (H) Seats** - Enter the number of seats for each bus.
- (I) Axles** - Enter the number of axles for each bus, truck, or tractor.
- (J) Combined Axles** - If the vehicle is a truck or tractor that will pull a trailer, you **must** enter the maximum combined number of axles.
- (K) Color** - Enter the color of the vehicle.
- (L) Owner Name** - Enter the name exactly as it appears on the title or other proof of ownership.
- (M) Title #** - Enter the title number located in the right corner of your NYS title. If you applied for a NYS title, enter “PENDING”. If you have an out-of-state title already in the owner’s name and you do not want a NYS title, enter “OUTSNT”.
- (N) Title Doc Jur (Document Jurisdiction)** - Enter the two-letter abbreviation for the jurisdiction in which the vehicle is titled.
- (O) Safety Taxpayer ID # (TIN)** - Enter the number issued by the IRS to the carrier responsible for the safety of the vehicle’s operation. If the carrier has not been issued a number by the IRS enter the carrier’s Social Security Number.
- (P) Safety US DOT #** - Enter the US DOT number of the carrier responsible for the safety of the vehicle’s operation.
- (Q) Safety Responsibility Change** - If the vehicle safety responsibility will change during the registration year, check the “Yes” box; if not, check “No”.
- (R) Safety Name** - Enter the name of the carrier responsible for the safety of the vehicle’s operation.
- (S) Maximum Desired Weight** - Enter the unladen weight plus the weight of the load being carried. For tractors, it is the tractor weight plus the weight of the semi-trailer and its load.
- (T) Purchase Price** - Enter the amount the current owner paid for the vehicle.
- (U) Purchase Date** - Enter the month, day and year the vehicle was purchased by the current owner.
- (V) Factory Price** - Enter the manufacturer’s list price of the vehicle when new. Include all improvements and changes to the vehicle.
- (W) Ins Co. Code** - Enter the 3-digit insurance code as it appears at the top of your NYS Insurance Identification Card.
- (X) Current Plate #** - If your vehicle is currently registered in New York State, enter the plate number of the vehicle.
- (Y) Current Plate Class** - If your vehicle is currently registered in New York State, enter the registration class as indicated on the registration.
- (Z) Special Use** - For tow trucks and dump trucks only. If your vehicle is a tow truck, enter “W”. If it is a dump truck, enter “D”.

Signature - This application must be signed and dated. If you sign for a corporation, you must be an officer of the corporation; include your title. An officer is a CEO, president, vice president, secretary, treasurer, or comptroller only. If anyone other than an officer signs, you must send a notarized power of attorney (*form IRP-IPOA* located at <https://dmv.ny.gov/forms/irp1poa.pdf>) for the person who signs the application. Proof of identification is required for anyone who uses power of attorney.

If you are using a certified Third-Party Service, the application must include proof of identification and the IRP-1POA as well.

NOTE: IF YOU REGISTER MORE THAN ONE VEHICLE, PROVIDE THE ABOVE INFORMATION FOR THE ADDITIONAL VEHICLE(S) ON FORM IRP-6A (SCHEDULE A & C, PART 5).

SCHEDULE B DISTANCE INFORMATION (form IRP-5)

- 32. **REG YEAR** - Enter the current IRP registration year.
- 33. **ACCOUNT #** - Enter your IRP account number. New accounts will be assigned an account number.
- 34. **FLEET #** - Enter the number of the fleet the application refers to.
- 35. **REGISTRANT/CARRIER NAME** - Enter the name that appears on the account.
- 36. **ACTUAL DISTANCE** - Enter the actual distance the fleet traveled for the reporting period July 1 - June 30 of the year preceding the year for which you are applying.

SIGNATURE - Follow the instructions at the top of page 6.

SUPPORTING DOCUMENTATION LIST AND AGENCIES

NYS HIGHWAY USE TAX (HUT)/TRUCK MILEAGE TAX (TMT)/AUTO FUEL CARRIER (AFC)

New York State imposes a highway use tax (HUT) on motor carriers that operate certain motor vehicles on New York State public highways. Before you operate a motor vehicle on the public highways of New York State, you must get a certificate of registration and a decal for each motor vehicle that is subject to the highway use tax. You do not need to provide proof of payment of this tax at registration time.

INTERNATIONAL FUEL TAX AGREEMENT (IFTA)

You must pay fuel tax so that you can travel through jurisdictions. Before you operate your vehicle, contact the NYS Department of Taxation and Finance to receive a set of stickers to place on your vehicle. You do not need to provide proof of payment of this tax at registration time.

For further information about these taxes, contact the NYS Department of Taxation and Finance:

NYS Department of Taxation and Finance
Registration Section
IFTA Registration
Bldg. 8, State Office Campus
Albany, NY 12227
TMT/HUT 518-457-5735 and 1-800-470-4353
IFTA 518-457-5735 and 1-800-470-4353
You may also visit: www.tax.ny.gov or www.oscar.ny.gov

FEDERAL HEAVY VEHICLE USE TAX (HVUT)

Any vehicle with a registered gross weight or combined gross weight of 55,000 lbs. or more is subject to this tax. HVUT is paid directly to the Internal Revenue Service (IRS) for the tax period July 1 - June 30 each year. You must show proof of payment of this tax for first-time registrations (*not required on newly purchased vehicles registered within 60 days of the purchase date*) and on all renewal transactions. Acceptable proofs of payment are one of the following documents:

- A copy of IRS Form 2290-Schedule I stamped “Paid” or “Received” by the IRS or an IRS approved provider.
- An unreceipted copy of IRS Form 2290-Schedule I, along with a photocopy of both sides of the canceled check used to pay the tax.

For further information about this tax, please call the IRS at 1-800-829-1040.

OVERWEIGHT, OVERSIZE AND SPECIAL HAULING PERMITS

NOTE: PERMIT WALK-IN WINDOWS ARE CLOSED UNTIL FURTHER NOTICE!

To register vehicles at a weight higher than the allowable weight for a jurisdiction you must get overweight permits from the appropriate regulatory agencies. Refer to your IRP manual for details. If you register a tractor in New York at a weight that exceeds 80,000 lbs., or a truck over the maximum weight allowed by the bridge formula, you must first get an overweight permit or a Perm 65.

For further information about overweight or special hauling permits, contact the NYS Department of Transportation:

NYS Department of Transportation
Oversize/Overweight
50 Wolf Road, 1st Floor
Albany, NY 12232
(518) 485-2999
(888) 783-1685

Note: If you drive through the New York City area, you must get separate permits from the New York City Department of Transportation. Call (212) 361-1210 for information.

UNIFIED CARRIER REGISTRATION (UCR)

UCR applies to all carriers who operate interstate or international commerce. The UCR requires companies that operate commercial motor vehicles in interstate or international commerce to register the company with the company’s home state and pay an annual fee based on the size of the company’s fleet.

For further information about UCR, contact the NYS Department of Transportation:

NYS Department of Transportation
Office of Modal Safety and Security
50 Wolf Road, PDO 53
Albany, NY 12232-0879
518-457-6512

The NYSDOT website has all relevant UCR information: www.dot.ny.gov/divisions/operating/osss/truck/unified-carrier-reg



PART 1

TYPE OF APPLICATION REQUESTED

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> NEW ACCOUNT | <input type="checkbox"/> WEIGHT INCREASE | <input type="checkbox"/> DUPLICATE CAB CARD | <input type="checkbox"/> ADDRESS CHANGE |
| <input type="checkbox"/> ADD VEHICLE | <input type="checkbox"/> WEIGHT DECREASE | <input type="checkbox"/> REPLACEMENT PLATES | <input type="checkbox"/> TEMPORARY AUTHORITY |
| <input type="checkbox"/> DELETE VEHICLE | <input type="checkbox"/> RENEWAL | <input type="checkbox"/> REPLACEMENT STICKER | <input type="checkbox"/> OTHER _____ |
| <input type="checkbox"/> TRANSFER PLATES | <input type="checkbox"/> FLEET TO FLEET | <input type="checkbox"/> SAFETY US DOT # CHANGE | |

REGISTRANT/CARRIER INFORMATION

1. ACCOUNT # _____ 2. FLEET # _____
3. REGISTRANT NAME: _____
4. DBA: _____
5. BUSINESS ADDRESS: _____
(No P.O. Box Number Allowed)
- CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____
6. CONTACT PERSON: _____
7. PHONE #: _____ 8. FAX # _____
9. EMAIL ADDRESS: _____
- Do you want to receive your IRP Renewal Application and IRP notices electronically rather than by mail service? ☐ Yes ☐ No
10. TAXPAYER IDENTIFICATION # (TIN): _____
11. DATE OF BIRTH: _____ 12. SEX: ☐ M ☐ F ☐ X
13. PRIVACY ACT: Check the INFORMATION DISCLOSURE box at the end of this sentence if you do not want your personal information from this record used for surveys, marketing and solicitations. ☐
14. WYOMING AUTHORITY#: _____
15. REGISTRANT'S DOT #: _____
- Have you previously been registered in any jurisdictions? ☐ Yes ☐ No, If yes, jurisdiction _____
- Do you lease your vehicle and driver to a motor carrier? ☐ Yes ☐ No

FLEET INFORMATION

16. FLEET TYPE: _____ 17. COMMODITY CLASS: _____ 18. # OF REG MONTHS: _____
19. EFFECTIVE DATE: _____ 20. EXPIRATION DATE: _____
21. MAILING ADDRESS: _____
- CITY: _____ STATE: _____ ZIP CODE: _____ COUNTY: _____

PART 2

FLEET TO FLEET TRANSFER INFORMATION

(22) VEHICLE UNIT # (OEN)	(23) VEHICLE IDENTIFICATION NUMBER	(24) FROM FLEET #	(25) TO FLEET #

DELETIONS*

(26) VEHICLE UNIT # (OEN)	(27) VEHICLE IDENTIFICATION NUMBER	(28) LICENSE PLATE NUMBER	(29) REPLACEMENT VEHICLE UNIT # (OEN)

* (Send in plates for deletion.)

PART 3**WEIGHT
INFORMATION**

Account # _____

30. Please list the weight you want on your cab card for all jurisdictions. Canadian jurisdictions will print the weight in kilograms on the cab card.

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

PART 4**VEHICLE INFORMATION FOR NEW ACCOUNTS, ADDITIONS, OR CHANGES**31. **VEHICLE UNIT # (OEN)** _____

A) VEHICLE IDENTIFICATION NUMBER		B) YEAR	C) MAKE	D) VEHICLE TYPE	E) FUEL/CYL	F) WHEELBASE
G) UNLADEN WT	H) SEATS	I) AXLES	J) COMBINED AXLES	K) COLOR	L) OWNER NAME	
M) TITLE DOC. #		N) TITLE DOC. JUR.			O) SAFETY TAXPAYER ID # (TIN)	
P) SAFETY US DOT #						
Q) Will vehicle safety responsibility change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		R) SAFETY NAME				
S) MAXIMUM DESIRED WEIGHT		T) PURCHASE PRICE		U) PURCHASE DATE		V) FACTORY PRICE
W) INS. CO. CODE		X) CURRENT PLATE #		Y) CURRENT PLATE CLASS		Z) SPECIAL USE

REGISTRATION AUTHORIZATION	IF THE REGISTRANT IS NOT THE OWNER, fill in the information below. Proof of ownership and proof of the OWNER'S name and date of birth are required.		
Vehicle #1 - Owner's Name		Date of Birth	Is the vehicle leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Apt. No.	City
State		Zip Code	
I authorize the person named in number 3 of Part 1 to register this vehicle. Owner's Authorized Signature X _____ Date: _____ If signing for a corporation, print your full name and title here _____			

CERTIFICATION: I, the Undersigned, certify under penalty of perjury that all information provided in this Application is true and accurate to the best of my knowledge, and that the **subject vehicle** is fully equipped, inspected, insured, and will be operated, in compliance with New York State Vehicle and Traffic Law (VTL); possesses a valid NYS inspection issued within the last twelve (12) months; or, in the alternative, has qualified for an extension of such inspection (see, DMV form VS-1077) and will be inspected within the next ten (10) days; is covered by a current policy of insurance or financial security as required by VTL; and if previously "junked", has been repaired to conform with VTL Sections 375 and 376; possesses a currently valid NYS registration (if I am using this Application to request issuance of replacement registration documents). I declare that I fully understand applicable Federal and NYS Motor Vehicle Carrier Safety laws and regulations including, where applicable, those pertaining to the transportation of hazardous materials. If this Application is signed in my official capacity on behalf of a business entity, I further certify that I am duly authorized to make this Application on behalf of such entity.

IMPORTANT: By signing this Application, the Undersigned acknowledges that intentionally making a false statement on this form is a misdemeanor under VTL Section 392, and may result in criminal prosecution, as well as suspension or revocation of the registration of the subject vehicle.

Name of Applicant/Business Entity (please print): _____

Sign here: **X** _____

Title: _____ Date (mm/dd/yyyy): _____ / _____ / _____

**If signing as agent for a business entity, write your title (CEO, President, Vice-President, Secretary, Treasurer or Comptroller).
Anyone else signing as agent for a business entity must send in a notarized Power of Attorney.**



VEHICLE UNIT # (OEN) _____

A) VEHICLE IDENTIFICATION NUMBER		B) YEAR	C) MAKE	D) VEHICLE TYPE	E) FUEL/CYL	F) WHEELBASE
G) UNLADEN WT	H) SEATS	I) AXLES	J) COMBINED AXLES	K) COLOR	L) OWNER NAME	
M) TITLE DOC. #	N) TITLE DOC. JUR.	O) SAFETY TAXPAYER ID # (TIN)			P) SAFETY US DOT #	
Q) Will vehicle safety responsibility change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		R) SAFETY NAME				
S) MAXIMUM DESIRED WEIGHT		T) PURCHASE PRICE	U) PURCHASE DATE	V) FACTORY PRICE		
W) INS. CO. CODE		X) CURRENT PLATE #	Y) CURRENT PLATE CLASS	Z) SPECIAL USE		

REGISTRATION AUTHORIZATION	IF THE REGISTRANT IS NOT THE OWNER, fill in the information below. Proof of ownership and proof of the OWNER'S name and date of birth are required.		
Owner's Name		Date of Birth	Is the vehicle leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Apt. No.	City State Zip Code
<i>I authorize the person named in number 3 of Part 1 to register this vehicle.</i>			
Owner's Authorized Signature X _____ Date: _____			
<i>If signing for a corporation, print your full name and title here</i> _____			

VEHICLE UNIT # (OEN) _____

A) VEHICLE IDENTIFICATION NUMBER		B) YEAR	C) MAKE	D) VEHICLE TYPE	E) FUEL/CYL	F) WHEELBASE
G) UNLADEN WT	H) SEATS	I) AXLES	J) COMBINED AXLES	K) COLOR	L) OWNER NAME	
M) TITLE DOC. #	N) TITLE DOC. JUR.	O) SAFETY TAXPAYER ID # (TIN)			P) SAFETY US DOT #	
Q) Will vehicle safety responsibility change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No		R) SAFETY NAME				
S) MAXIMUM DESIRED WEIGHT		T) PURCHASE PRICE	U) PURCHASE DATE	V) FACTORY PRICE		
W) INS. CO. CODE		X) CURRENT PLATE #	Y) CURRENT PLATE CLASS	Z) SPECIAL USE		

REGISTRATION AUTHORIZATION	IF THE REGISTRANT IS NOT THE OWNER, fill in the information below. Proof of ownership and proof of the OWNER'S name and date of birth are required.		
Owner's Name		Date of Birth	Is the vehicle leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Apt. No.	City State Zip Code
<i>I authorize the person named in number 3 of Part 1 to register this vehicle.</i>			
Owner's Authorized Signature X _____ Date: _____			
<i>If signing for a corporation, print your full name and title here</i> _____			

VEHICLE INFORMATION FOR NEW ACCOUNTS, ADDITIONS, OR CHANGES

ACCOUNT #:

VEHICLE UNIT # (OEN) _____

A) VEHICLE IDENTIFICATION NUMBER		B) YEAR	C) MAKE	D) VEHICLE TYPE	E) FUEL/CYL	F) WHEELBASE
G) UNLADEN WT	H) SEATS	I) AXLES	J) COMBINED AXLES	K) COLOR	L) OWNER NAME	
M) TITLE DOC. #		N) TITLE DOC. JUR.	O) SAFETY TAXPAYER ID # (TIN)		P) SAFETY US DOT #	
Q) Will vehicle safety responsibility change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No			R) SAFETY NAME			
S) MAXIMUM DESIRED WEIGHT		T) PURCHASE PRICE	U) PURCHASE DATE	V) FACTORY PRICE		
W) INS. CO. CODE		X) CURRENT PLATE #	Y) CURRENT PLATE CLASS	Z) SPECIAL USE		

REGISTRATION AUTHORIZATION

IF THE REGISTRANT IS NOT THE OWNER, fill in the information below. Proof of ownership and proof of the OWNER'S name and date of birth are required.

Owner's Name			Date of Birth	Is the vehicle leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Apt. No.	City	State Zip Code
<i>I authorize the person named in number 3 of Part 1 to register this vehicle.</i> Owner's Authorized Signature X _____ Date: _____ <i>If signing for a corporation, print your full name and title here</i> _____				

VEHICLE UNIT # (OEN) _____

A) VEHICLE IDENTIFICATION NUMBER		B) YEAR	C) MAKE	D) VEHICLE TYPE	E) FUEL/CYL	F) WHEELBASE
G) UNLADEN WT	H) SEATS	I) AXLES	J) COMBINED AXLES	K) COLOR	L) OWNER NAME	
M) TITLE DOC. #		N) TITLE DOC. JUR.	O) SAFETY TAXPAYER ID # (TIN)		P) SAFETY US DOT #	
Q) Will vehicle safety responsibility change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No			R) SAFETY NAME			
S) MAXIMUM DESIRED WEIGHT		T) PURCHASE PRICE	U) PURCHASE DATE	V) FACTORY PRICE		
W) INS. CO. CODE		X) CURRENT PLATE #	Y) CURRENT PLATE CLASS	Z) SPECIAL USE		

REGISTRATION AUTHORIZATION

IF THE REGISTRANT IS NOT THE OWNER, fill in the information below. Proof of ownership and proof of the OWNER'S name and date of birth are required.

Owner's Name			Date of Birth	Is the vehicle leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		Apt. No.	City	State Zip Code
<i>I authorize the person named in number 3 of Part 1 to register this vehicle.</i> Owner's Authorized Signature X _____ Date: _____ <i>If signing for a corporation, print your full name and title here</i> _____				



32. REG YEAR: _____ 33. ACCOUNT #: _____ 34. FLEET #: _____ 35. CARRIER: _____

IF THIS IS A NEW ACCOUNT/FLEET AND YOU DO NOT HAVE ANY ACTUAL DISTANCE FOR THE PREVIOUS DISTANCE PERIOD (7/1 - 6/30)
CHECK THIS BOX. ☐ THE AVERAGE PER VEHICLE DISTANCE CHART WILL BE USED FOR FEE CALCULATION.

IF THE ACTUAL DISTANCE WAS TRAVELED DURING THE PREVIOUS DISTANCE PERIOD (7/1 - 6/30), COMPLETE THE CHART BELOW.
DO NOT ROUND THE ACTUAL DISTANCE.

(36)

STATE	ACTUAL DISTANCE
AK (Alaska)	
AL (Alabama)	
AR (Arkansas)	
AZ (Arizona)	
CA (California)	
CO (Colorado)	
CT (Connecticut)	
DC (Dist. of Col.)	
DE (Delaware)	
FL (Florida)	
GA (Georgia)	
IA (Iowa)	
ID (Idaho)	
IL (Illinois)	
IN (Indiana)	
KS (Kansas)	
KY (Kentucky)	
LA (Louisiana)	
MA (Massachusetts)	
MD (Maryland)	
ME (Maine)	
MI (Michigan)	

STATE	ACTUAL DISTANCE
MN (Minnesota)	
MO (Missouri)	
MS (Mississippi)	
MT (Montana)	
NC (North Carolina)	
ND (North Dakota)	
NE (Nebraska)	
NH (New Hampshire)	
NJ (New Jersey)	
NM (New Mexico)	
NV (Nevada)	
NY (New York)	
OH (Ohio)	
OK (Oklahoma)	
OR (Oregon)	
PA (Pennsylvania)	
RI (Rhode Island)	
SC (South Carolina)	
SD (South Dakota)	
TN (Tennessee)	
TX (Texas)	
UT (Utah)	

STATE	ACTUAL DISTANCE
VA (Virginia)	
VT (Vermont)	
WA (Washington)	
WI (Wisconsin)	
WV (West Virginia)	
WY (Wyoming)	
MX (Mexico)	
CANADA	
AB (Alberta)	
BC (British Columbia)	
MB (Manitoba)	
NB (New Brunswick)	
NL (Newfoundland/ Labrador)	
NS (Nova Scotia)	
NT (Northwest Terr.)	
ON (Ontario)	
PE (Prince Edward Isl.)	
QC (Quebec)	
SK (Saskatchewan)	
YT (Yukon)	

CERTIFICATION: I, the Undersigned, certify under penalty of perjury that the information provided in this Distance Schedule is true and accurate to the best of my knowledge and that the actual distance traveled, as reported on this form, is supported by the distance records maintained. I understand and acknowledge my duty to: (a) maintain such records in compliance with IRP recordkeeping requirements for a period of **six (6) years** from the date of completion of each trip; (b) promptly make such records available for audit, at any time deemed appropriate by DMV; (c) reimburse DMV for auditor travel expenses incurred should audit require travel outside New York State; and (d) submit to monetary assessments and/or non-monetary sanctions of suspension or cancellation of my IRP account as DMV deems appropriate.

If this Distance Schedule is signed in my official capacity on behalf of the Carrier, I further certify that I am duly authorized to make this Certification on behalf of such entity.

Name of Registrant/Carrier (please print): _____

Sign here: **X** _____
If signing as agent for a business entity, write your title (CEO, President, Vice-President, Secretary, Treasurer or Comptroller). Anyone else signing as agent for a business entity must send a notarized Power of Attorney.

Title: _____

Date (mm/dd/yyyy): _____ / _____ / _____