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|--|--|---|--|--|--|---|--|---|--|------------------------|
| 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 DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES DIVISION OF MOTOR CARRIER SERVICES Neil Kirkman Building, MS-62 2900 Apalachee Parkway Tallahassee, Florida 32399-0626 Telephone (850) 617-3711 http://www.hsmv.state.fl.us | | | | <input type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL <input type="checkbox"/> ADD FLEET <input type="checkbox"/> ADD STATE <input type="checkbox"/> ADD VEHICLE <input type="checkbox"/> TRANSFER <input type="checkbox"/> INCREASE WEIGHT <input type="checkbox"/> CORRECTION <input type="checkbox"/> FLEET TO FLEET TRANSFER | | <input type="checkbox"/> EXEMPT COMMODITY CARRIER <input type="checkbox"/> HOUSEHOLD GOODS CARRIER <input type="checkbox"/> FOR HIRE CARRIER <input type="checkbox"/> PRIVATE CARRIER (OWNS GOODS BEING TRANSPORTED) | | |
| CITY COUNTY STATE ZIP CODE FLORIDA | | | | | | | | | | MAILING ADDRESS |

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|--------------------------|--------------------|-------------------|----------------------|--------------------|---------------------------------|------------|-------------------|-------------|--|
| TRANSACTION TYPES | | | VEHICLE TYPES | | | | FUEL TYPES | | |
| O – ORIGINAL | A – ADD VEHICLE | TT – TRUCKTRACTOR | TK – TRUCK (SINGLE) | DB – DOUBLEBOTTOMS | RT – ROAD TRACTOR | D – DIESEL | G – GAS | P - PROPANE | |
| C – CORRECTION | D – DELETE VEHICLE | TR – TRACTOR | BS – BUS | CG – CONVERTER | (MOBILE HOME TRANSPORTERS ONLY) | | | | |

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|--------------------|--|--------------|----------------------------|--|--|--|--|--|--|--|--|--|--------------|--|
| IRP ACCOUNT NUMBER | | FLEET NUMBER | VEHICLE INFORMATION | | | | | | | | | | LICENSE YEAR | |
|--------------------|--|--------------|----------------------------|--|--|--|--|--|--|--|--|--|--------------|--|

| TRANS-ACTION TYPE | OWNER'S UNIT Number | Y E A R | M A K E | VEHICLE IDENTIFICATION NUMBER | T Y P E | A S X E L A E T S 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 |
|-------------------|---------------------|------------------|------------------|-------------------------------|------------------|--|------------------|---------------|--------------------------------|--------------|--------------------------|------------------------|--------------------|--|------------------------|----------------------|
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| <p><u>PLEASE BE SURE</u> YOU PRINTED YOUR NAME, SIGNED THE APPLICATION AND ENCLOSED THE FOLLOWING REQUIRED DOCUMENTATION AS NECESSARY.</p> | <input type="checkbox"/> SIGNED APPLICATION AND PRINTED NAME <input type="checkbox"/> PROOF OF OWNERSHIP <input type="checkbox"/> COPY OF LEASE, IF APPLICABLE | <input type="checkbox"/> PROOF OF PAYMENT OF HEAVY VEHICLE USE TAX (IRS FORM 2290) <input type="checkbox"/> PROOF OF BODILY INJURY AND PROPERTY DAMAGE LIABILITY INSURANCE <input type="checkbox"/> PROOF OF ESTABLISHED PLACE OF BUSINESS | <p>PLEASE DO NOT REMIT MONEY WITH THIS APPLICATION. A BILL WILL BE CALCULATED AND MAILED TO YOU. EARLY APPLICANTS WILL BE GIVEN PRIORITY.</p> |
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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 \surd 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 Inter-national 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 REMIT 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 MILES | B | |
| ENTER COMBINED TOTAL OF A AND B IN BOX C | TOTAL ACTUAL MILES + ESTIMATED MILES | C | |
| EXPLANATION OF ESTIMATED MILEAGE: (Additional sheets of paper may be attached if necessary.) | | | |