Minnesota Dept. of Public Safety
445 Minnesota Street Ste 188
St. Paul, MN 55101
Phone: (651) 205-4141 Fax: (651) 215-0027 TDD/TYY: (651) 282-6555

MN International Registration Plan Renewal/Supplement Application

A	— 1
Account Number:	Fleet:

it Name:	DBA:							Contact Person I	vame:			Registration Year:		
cal Address 1	Co	ounty of Residence	\dashv	Mailing Address 1		Phone No. Fax N					Tax ID (FEIN or SSN:)			
cal Address 2				Mailing Address 2			Email Address:					US DOT#		
]						
, State, Zip				City, State, Zip				All information	collected on a mot	or vehicle and	lication is required	by law and is used to ic	tentify the vehicle	Failure to pro
								information ma		the requested		r certain uses by federal		
	Ownership Type:	_	_	Corporation	_	_								
Т	ype of Operation:	For Hi	re [Private Carrier	Rent veh	icles less t	than 45 days	Rent ve	ehicles 45 days	and over				
Section 3	Check the jurisdiction	ne which vo	บบ พลก	t to annear on you	r cah card for	this registr	ration nerion	Indicate the	distance code f	or each sel	lected jurisdict	ion as follows:		
	A = Actual Miles Re													
Jurisdiction	Miles	A/E		Jurisdiction	Miles	A/E	J	urisdiction	Miles	A/E	Juris	diction	Miles	A/E
Alaska				Louisiana			l—	hio			Albe			
Alabama				Massachusetts				klahoma			U	sh Columbia		
Arkansas				Maryland				regon				itoba		
Arizona				Maine			1-	ennsylvania				Brunswick		
California				Michigan				hode Island				foundland/Lab		
Colorado				Minnesota				outh Carolina				a Scotia		
Connecticut				Missouri			□ S	outh Dakota			* NW	Territory		
Dist of Colu	mbia			Mississippi				ennessee			* Nun			
Delaware				Montana			l-	exas			Onta			
Florida				North Carolina				tah			10	ce Edward Isl		
Georgia				North Dakota			10	irginia			☐ Que			
lowa				Nebraska			10	ermont			10	katchewan		
Idaho				New Hampshire				/ashington			* Yuko			
Illinois				New Jersey			I U	/isconsin			* Mex			
Indiana				New Mexico			1-	lest Virginia			Total Mile	es		
Kansas				Nevada			v	/yoming			Total Val	siolog Donowod		
Kentucky				New York			_ v	yoming Intras	tate Authority		lotal ver	icles Renewed		
Section 4														
ttest that this v	ehicle is insured wh	nile operated	d upon	the public roads a	s required by	law: proof	of insuranc	e will be carrie	ed in the vehicle	e. For any	estimated dist	ance reported you	are required	to use the l
stance Workshe	eet. I understand th	nat the estim	nated r	niles designated re	eflect intended	l travel in e	each state fo	r the current re	egistration year	and that m	nileage cannot	be changed durin	g the registrat	ion year. I
	that I am familiar				me by the Int	ernational	Registration	ı Plan (IRP); p	ursuant to Artic	le II, Section	on 234 of the l	RP you are require	ed to submit,	upon reque
ormation regard	ding the owner-ope	rator and th	e moto	r carrier.										
Applicant Signat	ure:					_ Title: _				Date:			or	
Authorized Ager	t Signature:									Date:				

Section 5	Minnesota International Registration Plan Renewal/Supplement Application							
Weight Group: #	Account Number:	Fleet:						
ÿ ' <u></u>	Vehicle Type:	Minnesota CGVW:						

This Fleet Is Currently Apportioned With The Jurisdictions Indicated And At The Gross Weights Shown Below:

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

Section 6

- ** Place a "D" in the Action box if deleting the vehicle. Place a "C" in the Delete/Change box if changing any vehicle information. Please make all changes in red.
- *1. Verify the US DOT number for the carrier responsible for safety fitness of the vehicle. This should be the US DOT number displayed on the cab of the vehicle.
- *2. Verify the Tax Identification Number for the carrier responsible for the safety fitness of the vehicle.
- *3. Please indicate if the carrier responsible for the safety fitness of the vehicle is expected to change during this registration year.
- *4. If the unit is a type of TK with travel in Colorado, please indicate if the truck pulls a trailer.
- *5. Verify county kept when not in use or operation. (Minnesota Statutes 163.061)
- *6. Please see renewal instructions regarding special use vehicles. Complete if applicable.

			VEHICLE EG	UIPMENT	LIST FOR ACCOUNT FLEET					WEIGHT G	ROUP	_		
**Action	Unit#	Year	Make	Plate #	Axles		Combined QC Axles	Seats	Fuel	Unladen Weight	Gross Weight	Purchase Price	Factory Price	Purchase Date
	V.I.N.		Owner Name		Owner DOB	*1 USDOT		*2 FEIN		*3 Yes/No	*4 CO Trailer Y/N	*5 County Kept	When Not In Use	*6 Special Use
						T				T			T =	T
**Action	Unit#	Year	Make	Plate #	Axles	Combined MN Axles		Seats	Fuel	Unladen Weight	Gross Weight	Purchase Price	Factory Price	Purchase Date
	V.I.N.			Owner Name	Owner DOB	Owner DOB *1 USDOT			*2 FEIN *3 Yes/No		*4 CO Trailer Y/N	N *5 County Kept When Not In Use		*6 Special Use
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							Q3.1000							
	V.I.N.		Owner Name		Owner DOB	Owner DOB *1 USDOT		*2 FEIN		*3 Yes/No	*4 CO Trailer Y/N	Y/N *5 County Kept When Not In Use		*6 Special Use

VEHICLE EQUIPMENT LIST FOR ACCOUNT										FLEET	WEIGHT GROUP				
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	V.I.N.			Owner Name	Owner DOB	*1 US	SDOT	*2 F	EIN	*3 Yes/No	*4 CO Trailer Y/N	*5 County Kept \	When Not In Use	*6 Special Use	
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	V.I.N.			Owner Name	Owner DOB	*1 U\$	SDOT	*2 F	EIN	*3 Yes/No	*4 CO Trailer Y/N	*5 County Kept \	When Not In Use	*6 Special Use	
		Owner realite Owner DOB			ZTEM OTES/NO										
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	V.I.N.			Owner Name	Owner DOB	*1 US	SDOT	*2 F	EIN	*3 Yes/No	*4 CO Trailer Y/N	*5 County Kept	When Not In Use	*6 Special Use	