



Minnesota Dept. of Public Safety  
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# MN International Registration Plan Renewal/Supplement Application

Account Number: \_\_\_\_\_ Fleet: \_\_\_\_\_

## Section 1

Account Name:	
Physical Address 1	County of Residence
Physical Address 2	
City, State, Zip	

DBA:
Mailing Address 1
Mailing Address 2
City, State, Zip

Contact Person Name:	
Phone No.	Fax No:
Email Address:	

Registration Year:
Tax ID (FEIN or SSN):
US DOT #

All information collected on a motor vehicle application is required by law and is used to identify the vehicle. Failure to provide required information may result in denial of the requested action. Except for certain uses by federal and state laws, personal information may not be disclosed to anyone without your consent.

## Section 2

Ownership Type:  Company  Corporation  Partnership  Sole Owner  
 Type of Operation:  For Hire  Private Carrier  Rent vehicles less than 45 days  Rent vehicles 45 days and over

## Section 3

Check the jurisdictions which you want to appear on your cab card for this registration period. Indicate the distance code for each selected jurisdiction as follows:  
 A = Actual Miles Reported E = Estimate. For jurisdictions with a distance code of A, report the miles this fleet traveled for the period of \_\_\_\_\_

Jurisdiction	Miles	A/E
<input checked="" type="checkbox"/> Alaska		
<input type="checkbox"/> Alabama		
<input type="checkbox"/> Arkansas		
<input type="checkbox"/> Arizona		
<input type="checkbox"/> California		
<input type="checkbox"/> Colorado		
<input type="checkbox"/> Connecticut		
<input type="checkbox"/> Dist of Columbia		
<input type="checkbox"/> Delaware		
<input type="checkbox"/> Florida		
<input type="checkbox"/> Georgia		
<input type="checkbox"/> Iowa		
<input type="checkbox"/> Idaho		
<input type="checkbox"/> Illinois		
<input type="checkbox"/> Indiana		
<input type="checkbox"/> Kansas		
<input type="checkbox"/> Kentucky		

Jurisdiction	Miles	A/E
<input type="checkbox"/> Louisiana		
<input type="checkbox"/> Massachusetts		
<input type="checkbox"/> Maryland		
<input type="checkbox"/> Maine		
<input type="checkbox"/> Michigan		
<input type="checkbox"/> Minnesota		
<input type="checkbox"/> Missouri		
<input type="checkbox"/> Mississippi		
<input type="checkbox"/> Montana		
<input type="checkbox"/> North Carolina		
<input type="checkbox"/> North Dakota		
<input type="checkbox"/> Nebraska		
<input type="checkbox"/> New Hampshire		
<input type="checkbox"/> New Jersey		
<input type="checkbox"/> New Mexico		
<input type="checkbox"/> Nevada		
<input type="checkbox"/> New York		

Jurisdiction	Miles	A/E
<input type="checkbox"/> Ohio		
<input type="checkbox"/> Oklahoma		
<input type="checkbox"/> Oregon		
<input type="checkbox"/> Pennsylvania		
<input type="checkbox"/> Rhode Island		
<input type="checkbox"/> South Carolina		
<input type="checkbox"/> South Dakota		
<input type="checkbox"/> Tennessee		
<input type="checkbox"/> Texas		
<input type="checkbox"/> Utah		
<input type="checkbox"/> Virginia		
<input type="checkbox"/> Vermont		
<input type="checkbox"/> Washington		
<input type="checkbox"/> Wisconsin		
<input type="checkbox"/> West Virginia		
<input type="checkbox"/> Wyoming		
<input type="checkbox"/> Wyoming Intrastate Authority		

Jurisdiction	Miles	A/E
<input type="checkbox"/> Alberta		
<input type="checkbox"/> British Columbia		
<input type="checkbox"/> Manitoba		
<input type="checkbox"/> New Brunswick		
<input type="checkbox"/> Newfoundland/Lab		
<input type="checkbox"/> Nova Scotia		
<input checked="" type="checkbox"/> NW Territory		
<input checked="" type="checkbox"/> Nunavut		
<input type="checkbox"/> Ontario		
<input type="checkbox"/> Prince Edward Isl		
<input type="checkbox"/> Quebec		
<input type="checkbox"/> Saskatchewan		
<input checked="" type="checkbox"/> Yukon		
<input checked="" type="checkbox"/> Mexico		
Total Miles		
Total Vehicles Renewed		

## Section 4

I attest that this vehicle is insured while operated upon the public roads as required by law; proof of insurance will be carried in the vehicle. For any estimated distance reported you are required to use the Estimated Distance Worksheet. I understand that the estimated miles designated reflect intended travel in each state for the current registration year and that mileage cannot be changed during the registration year. I furthermore affirm that I am familiar with the responsibility imposed upon me by the International Registration Plan (IRP); pursuant to Article II, Section 234 of the IRP you are required to submit, upon request, lease information regarding the owner-operator and the motor carrier.

Applicant Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ or

Authorized Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_



