

**MISSOURI DEPARTMENT OF TRANSPORTATION  
MOTOR CARRIER SERVICES  
2005 ANNUAL REGISTRATION RENEWAL**

**RENEWAL MUST BE POSTMARKED AND COMPLETED CORRECTLY OCTOBER 1, 2004 OR \$100.00 PENALTY  
FOR LATE FILING WILL BE ASSESSED ON YOUR BILLING.**

If you have any questions please contact Motor Carrier Services using any of the methods below.

Telephone: (573) 751-6433

Mailing Address: P.O. Box 893  
Jefferson City, MO 65102-0893

Fax: (573) 751-0916

Office Location: 1320 Creek Trail Drive  
Jefferson City, MO 65109-9244

Internet: [www.carrier.state.mo.us](http://www.carrier.state.mo.us)

A complete Annual Renewal Application **requires all** of the following.  
Any missing information will result in your renewal being returned and late file penalty being assessed.



**2005 Annual Renewal Application** (enclosed in this packet)

- a. correct any necessary preprinted information
- b. line only power units and trailers off the renewal application that are being permanently removed from service for 2005 (plates must be returned by January 3, 2005)
- c. write weights next to the states/provinces you want to add for 2005 (see weight chart attached in this booklet)



**Mileage Registration Form** (attached in this booklet)

- a. complete **one** mileage registration form per fleet of trucks
- b. list **actual** fleet miles (do not round mileage) per state/province, from July 1, 2003 through June 30, 2004
- c. put an "X" in the box in front of the states/provinces you want to register with for 2005
- d. form must be **signed** or it will not be accepted



**Lease Agreement** – You are required to submit a **copy** of the lease agreement if the vehicle/trailer is involved in a lease. The lease agreement must identify unit by year, make, and vehicle identification number (VIN). It must also be signed by both parties involved and have two separate signatures.



**Copy of Paid Heavy Highway Vehicle Use Tax Receipt** (IRS-Form 2290) for **all vehicles licensed over 55,000 lbs.** An acceptable receipt will be IRS-Form 2290/Schedule I stamped paid or IRS-Form 2290/ Schedule I with front and back of cancelled check. Please verify that Vehicle Identification Numbers (VIN) on IRS-Form 2290/Schedule I receipt match VIN on renewal application.

- a. send copy of 2003/2004 receipt if paperwork is postmarked timely, **by** October 1, 2004.
- b. send copy of 2004/2005 receipt if paperwork is postmarked late, **after** October 1, 2004.



**Detailed copy of 2003, Missouri County, Paid Personal Property Tax Receipt and/or Tax Waiver on all power units and trailers** (owned or leased). Please verify **all equipment**. If your receipt is not detailed in showing the number of trucks and trailers, then a copy of your "2003" assessment list must be sent in with the receipt. **After January 1, 2005 you will be required to submit the 2004 paid receipt.** *(These receipts can be obtained from your Missouri county collector and assessor office.)*



**International Fuel Tax Agreement (IFTA) Renewal Form.** If you have an IFTA license under the same name as your registration renewal, your IFTA renewal is enclosed.

- a. correct any necessary preprinted information
- b. complete questions and **sign**
- c. must be notarized **only** if a carrier service, or any other person other than yourself, is to be responsible for the filing of your application or quarterly returns.

**PLEASE DO NOT SEND PAYMENT, YOU WILL RECEIVE A BILL**

# IMPORTANT CHANGES AND REMINDERS

**U.S. DOT NUMBER REQUIREMENT** - All registrants purchasing apportioned license plates are required to apply for a U.S. DOT number. This includes a company or individual that only rents/leases vehicles, or an owner operator operating under another company's "Operating Authority". (This number can be applied for and **obtained immediately by accessing the FMCSA's online registration system**: <http://www.usdotnumberregistration.com>. or you can complete the MCS-150 form included in this packet. See instructions with the MCS-150 form for required items that must be completed.)

**NEW REQUIREMENT REGARDING LEASE AGREEMENTS** - Effective October 1, 2004, Article II, Section 234 of the International Registration Plan (IRP) requires the base jurisdiction to verify that a lease exists between the owner-operator and the motor carrier. **When submitting the renewal, owner-operators licensing in their own name will be required to submit a copy of the lease agreement.**

**REGISTRANT TELEPHONE NUMBERS** - As required by the IRP, all registrants must provide the telephone number of their business. **Service agent phone numbers are not acceptable.**

**PERMANENT TRAILER PLATES** - All permanent "apportioned" trailer plates shall remain valid until such trailer is **permanently** removed from service. DO NOT line the trailer off the renewal application unless it is being permanently removed. If a trailer is removed from service and lined off the renewal application you **must** return the plate to Motor Carrier Services.

**TEMPORARY IRP REGISTRATION WILL NOT BE ISSUED TO UNITS LISTED ON OR DELETED FROM THE 2005 ANNUAL RENEWAL APPLICATION!**

**AUGUST 13, 2004** - Your 2005 annual renewal application will be printed. Carriers will continue to submit 2004 equipment registration forms, with supporting documents, for any type of licensing transaction. Upon payment of these 2004 equipment registration forms, credentials will be issued. Motor Carrier Services will print a computer generated 2005 equipment registration form that will automatically renew these vehicles for 2005. **2004 equipment registration forms must be paid immediately to avoid delays in processing the 2005 computer generated form.**

**SEPTEMBER 15, 2004** - It is strongly suggested that your 2005 annual renewal application be submitted to avoid any late file penalties.

**SEPTEMBER 30, 2004** - 2005 annual renewal application must be **on file** at Motor Carrier Services **to obtain Temporary IRP Registration** in the 2004 account.

**OCTOBER 1, 2004** - Submit (*postmark*) 2005 annual renewal application and **all** supporting documents by this date to avoid a **\$100.00** late file penalty per application. **If your application is returned because of missing information, the penalty will be assessed.**

**DECEMBER 1, 2004** - **Payment** for 2005 annual renewal application must be **on file** at Motor Carrier Services **to obtain a Temporary IRP Registration** in the 2004 account.

**DECEMBER 1, 2004** - Fees for the 2005 annual renewal application must be paid (*postmark*) by this date to avoid a late pay penalty of \$50.00 per vehicle, but in no case shall exceed \$150.00 per application. **If a billing is adjusted due to the carrier's request and is not paid by December 1, 2004, penalty will be assessed.**

**JANUARY 1, 2005** - All 2005 credentials (plates, cab cards, IFTA license and IFTA decals) must be displayed on equipment. You **must return** all plates not being renewed for 2005 or they will be subject to confiscation by the Highway Patrol.

**YOUR 2005 IFTA LICENSE AND DECALS WILL NOT BE ISSUED UNTIL THE PAYMENT FOR THE 2005 IRP ANNUAL RENEWAL APPLICATION IS RECEIVED.**

## **ACCEPTABLE FORM OF PAYMENTS**

- Cash
- Personal or Company Check
- Cashier's Check or Money Order
- Bank to Bank Transfer

**Please DO NOT send payment until you have been billed.**

**NEW EQUIPMENT THAT WILL BEGIN OPERATION ON OR AFTER JANUARY 1, 2005, MUST BE SUBMITTED ON AN EQUIPMENT REGISTRATION FORM (attached in this booklet) WITH ALL SUPPORTING DOCUMENTS.**

## MILEAGE REGISTRATION FORM INSTRUCTIONS

### General Information Section

**Name of Registrant** - Enter the name in which you are applying for plates.

**Account Number** - Enter the number assigned by Motor Carrier Services. (If new, leave blank).

**Fleet Number** - Enter the number assigned by Motor Carrier Services.

**Registration Year** - Enter all four digits of the registration year (e.g., 2005).

**DBA Name** - If applicable, enter the name in which the registrant does business.

### Mileage Reporting Section

**Jurisdiction** - Place an "X" in front of each jurisdiction for which you are applying for license in the current registration year.

**EST (estimate)** - Place an "E" in the box if you are licensing with a jurisdiction and estimating mileage.

**Mileage (ACTUAL)** - Enter actual miles traveled in each jurisdiction during the reporting period of July 1, 2003 through June 30, 2004 **including actual miles for jurisdictions that are no longer being operated**. (Do not place an "X" in front of the jurisdictions that will not be licensed). Actual miles also apply to all registrants who are licensing in Missouri, but operated with an apportioned license plate from any other member jurisdiction. If there were no miles traveled in a jurisdiction during the mileage reporting period and you want to keep it on your cab card for future traveling, or you are adding a jurisdiction not previously licensed, you must enter the estimated mileage. Refer to the Estimated Mileage Chart included on the back of the Mileage Registration Form to determine the correct estimated mileage for each jurisdiction.

**Mileage (ESTIMATED)** - Refer to the Estimated Mileage Chart included on the back of the Mileage Registration Form to determine the correct estimated mileage for each jurisdiction. After entering the actual mileage per jurisdiction and arriving at the Total Actual Fleet Miles, the estimated mileage per jurisdiction will be the Total Actual Fleet Miles multiplied by the mileage percent shown for the individual jurisdiction. *(Example: A carrier with 25,000 actual fleet miles and adding the State of Arkansas will indicate 782 miles for Arkansas on the mileage registration form -  $25,000$  (actual fleet miles)  $\times$   $.03131$  (Arkansas average mileage percent) =  $782$  (Arkansas miles).*

**2<sup>nd</sup> Year EST (estimate)** - Place an "X" in the box if you are estimating mileage for a jurisdiction you were registered in during the 2004 registration year prior to April 1st and want to keep it on your cab card for future traveling. All fees based on second and subsequent year estimated mileage will be computed over 100%.

**Total Actual Fleet Miles** - Enter the total actual miles operated during the reporting period minus actual miles for jurisdictions in which you are not licensing. **This total is used when determining estimated mileage for jurisdictions previously licensed but not operated and expanded operations.**

**Total Actual Fleet Miles Plus 1<sup>st</sup> Year Estimates** - Enter the "Total Actual Fleet Miles" plus any 1<sup>st</sup> year estimates. (No X is shown in the 2<sup>nd</sup> Year EST box.)

**Total Actual Fleet Miles Plus 1<sup>st</sup> and 2<sup>nd</sup> Year Estimates** - Enter the "Total Actual Fleet Miles" plus all estimated mileage. (Both 1<sup>st</sup> and 2<sup>nd</sup> year estimates.)

**Are your vehicles involved in a lease agreement?** - Place an "X" in the appropriate box. If you mark yes, please indicate the name and address of the lessee.

**Authorized Signature** - An authorized representative of the company must sign the application. A signature serves as proof that all information is true and correct on the application, that you are aware of the requirements to maintain the individual vehicle distance records for three years, and verifies that financial responsibility (insurance) is being carried on vehicle(s) listed on all attached registration forms.

**Date** - The date you signed the mileage registration form.



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 MOTOR CARRIER SERVICES  
 P.O. BOX 893, 1320 CREEK TRAIL DRIVE  
 JEFFERSON CITY, MO 65102-0893  
 PHONE: (573) 751-6433 FAX: (573) 751-0916  
 WEB SITE ADDRESS: www.carrier.state.mo.us  
**MILEAGE REGISTRATION FORM**

**JURISDICTIONAL USE ONLY**

NUMBER OF POWER UNITS	NUMBER OF TRAILERS	REGISTRATION FEE DATE
NUMBER OF CONVERTER GEARS	TOTAL ALL UNITS	EXAMINED BY/DATE
ACCOUNT NUMBER	FLEET NUMBER	REGISTRATION YEAR

NAME OF REGISTRANT	ACCOUNT NUMBER	FLEET NUMBER	REGISTRATION YEAR
DBA NAME			

Enter schedule of fleet mileage for period July 1, 2003 through June 30, 2004. Do not combine miles of any two or more jurisdictions. Enter an X in the box in front of each jurisdiction for which you are applying for license.

X	JURISDICTION	EST	MILEAGE	2ND YEAR EST.	X	JURISDICTION	EST	MILEAGE	2ND YEAR EST.
	AL (ALABAMA)					ND (NORTH DAKOTA)			
	AK (ALASKA)					OH (OHIO)			
	AB (ALBERTA)					OK (OKLAHOMA)			
	AZ (ARIZONA)					OR (OREGON)			
	AR (ARKANSAS)					PA (PENNSYLVANIA)			
	CA (CALIFORNIA)					RI (RHODE ISLAND)			
	CO (COLORADO)					SC (SOUTH CAROLINA)			
	CT (CONNECTICUT)					SD (SOUTH DAKOTA)			
	DE (DELAWARE)					TN (TENNESSEE)			
	DC (DIST. COLUMBIA)					TX (TEXAS)			
	FL (FLORIDA)					UT (UTAH)			
	GA (GEORGIA)					VT (VERMONT)			
	ID (IDAHO)					VA (VIRGINIA)			
	IL (ILLINOIS)					WA (WASHINGTON)			
	IN (INDIANA)					WV (WEST VIRGINIA)			
	IA (IOWA)					WI (WISCONSIN)			
	KS (KANSAS)					WY (WYOMING)			
	KY (KENTUCKY)					MX (MEXICO)			
	LA (LOUISIANA)					BC (BRIT. COLUMBIA)			
	ME (MAINE)					MB (MANITOBA)			
	MD (MARYLAND)					NB (NEW BRUNSWICK)			
	MA (MASSACHUSETTS)					NL (NEW FOUNDLAND)			
	MI (MICHIGAN)					NS (NOVA SCOTIA)			
	MN (MINNESOTA)					NT (NORTHWEST TERR.)			
	MS (MISSISSIPPI)					ON (ONTARIO)			
	<b>MO (MISSOURI)</b>					PE (PRINCE ED. IS.)			
	MT (MONTANA)					PQ (QUEBEC)			
	NE (NEBRASKA)					SK (SASKATCHEWAN)			
	NV (NEVADA)					YT (YUKON TERR.)			
	NH (NEW HAMPSHIRE)					TOTAL <b>ACTUAL</b> FLEET MILES			
	NJ (NEW JERSEY)					TOTAL ACTUAL FLEET MILES PLUS 1 <sup>ST</sup> YEAR EST			
	NM (NEW MEXICO)					TOTAL ACTUAL FLEET MILES PLUS 1 <sup>ST</sup> & 2 <sup>ND</sup> YEAR EST			
	NY (NEW YORK)								
	NC (NORTH CAROLINA)								

ARE YOUR VEHICLES INVOLVED IN A LEASE AGREEMENT?  
 YES  NO

IF YES, INDICATE NAME AND ADDRESS OF LESSEE:  
 \_\_\_\_\_  
 \_\_\_\_\_

Any personal motor vehicle record information is withheld from purchase or release for public use or bulk mailing except as provided by law.

**BY SIGNING BELOW, I ACKNOWLEDGE THE FOLLOWING:**

1. I HEREBY DECLARE IF THE JURISDICTION BOXES ARE NOT COMPLETE THAT I HAVE NO ACTUAL MILEAGE TO REPORT AND AGREE TO THE ESTIMATED MILEAGE USED BY THE MOTOR CARRIER SERVICES TO FIGURE MY REGISTRATION FEES.

2. I HEREBY DECLARE THAT I HAVE KNOWLEDGE OF THE FEDERAL MOTOR CARRIER SAFETY REGULATIONS (49 CFR PARTS 40 AND 382, 386 AND 388 THROUGH 399) INCLUDING HIGHWAY RELATED PORTIONS OF THE FEDERAL HAZARDOUS MATERIALS REGULATIONS (49 CFR 107, 171-173, 177 AND 178) OR COMPATIBLE STATE RULES, REGULATIONS, STANDARDS, AND ORDERS APPLICABLE TO MOTOR CARRIER SAFETY, INCLUDING HIGHWAY TRANSPORTATION AND HAZARDOUS MATERIALS.

3. THE UNDERSIGNED, UNDER OATH, SWEARS UNDER PENALTY OF PERJURY OF THE LAWS OF THE STATE OF MISSOURI IN REGARD TO MAKING A FALSE DECLARATION TO A PUBLIC OFFICIAL, THAT MY FUTURE VEHICLE REGISTRATION FORM(S), FOR THE ABOVE REFERENCED YEAR, WILL BE TRUE AND CORRECT AND THAT VEHICLE FINANCIAL RESPONSIBILITY REQUIRED BY STATE LAW WILL BE IN EFFECT AND MAINTAINED ON VEHICLES LISTED ON THESE APPLICATIONS.

4. THE SIGNATURE BELOW SHALL BE CONSIDERED A SIGNATURE TO UNSIGNED VEHICLE REGISTRATION FORM(S) AND BECOMES PART OF YOUR IRP ACCOUNT. I UNDERSTAND THAT I AM REQUIRED TO PRESERVE THE INDIVIDUAL VEHICLE DISTANCE RECORDS AND SOURCE DOCUMENTS ON WHICH MY INTERNATIONAL REGISTRATION PLAN IS BASED FOR THREE YEARS.

**AUTHORIZED SIGNATURE**

**X**

DATE

**MISSOURI ESTIMATED MILEAGE CHART FOR JURISDICTIONS**

JURISDICTION	NEW APPLICANT MILEAGE	AVERAGE MILEAGE %	JURISDICTION	NEW APPLICANT	AVERAGE MILEAGE %	JURISDICTION	NEW APPLICANT	AVERAGE MILEAGE %
ALABAMA	1,445	1.319% (.01319)	MASSACHUSETTS	381	0.348% (.00348)	TENNESSEE	3,252	2.968% (.02968)
ALASKA	N/A	N/A	MICHIGAN	1,111	1.014% (.01014)	TEXAS	7,960	7.264% (.07264)
ALBERTA	60	0.055% (.00055)	MINNESOTA	476	0.434% (.00434)	UTAH	761	0.694% (.00694)
ARIZONA	3,355	3.062% (.03062)	MISSISSIPPI	1,291	1.178% (.01178)	VERMONT	41	0.037% (.00037)
ARKANSAS	3,431	3.131% (.03131)	MISSOURI	27,509	25.103% (.25103)	VIRGINIA	1601	1.461% (.01461)
CALIFORNIA	4,027	3.675% (.03675)	MONTANA	325	0.297% (.00297)	WASHINGTON	561	0.512% (.00512)
COLORADO	1,156	1.055% (.01055)	NEBRASKA	1,676	1.530% (.01530)	WEST VIRGINIA	558	0.509% (.00509)
CONNECTICUT	381	0.348% (.00348)	NEVADA	681	0.621% (.00621)	WISCONSIN	783	0.715% (.00715)
DELAWARE	72	0.066% (.00066)	NEW HAMPSHIRE	44	0.040% (.00040)	WYOMING	1,479	1.350% (.01350)
DIST. COLUMBIA	5	0.005% (.00005)	NEW JERSEY	634	0.579% (.00579)	MEXICO	N/A	N/A
FLORIDA	1,772	1.617% (.01617)	NEW MEXICO	3,370	3.075% (.03075)	BRITISH COLUMBIA	17	0.016% (.00016)
GEORGIA	2,038	1.860% (.01860)	NEW YORK	1,168	1.066% (.01066)	MANITOBA	10	0.009% (.00009)
IDAHO	777	0.709% (.00709)	NORTH CAROLINA	1,157	1.056% (.01056)	NEW BRUNSWICK	8	0.007% (.00007)
ILLINOIS	7,280	6.644% (.06644)	NORTH DAKOTA	135	0.123% (.00123)	NEW FOUNDLAND	1	0.001% (.00001)
INDIANA	3,968	3.621% (.03621)	OHIO	3,762	3.433% (.03433)	NOVA SCOTIA	4	0.004% (.00004)
IOWA	2,117	1.932% (.01932)	OKLAHOMA	4,292	3.917% (.03917)	NORTHWEST TERR.	N/A	N/A
KANSAS	3,507	3.200% (.03200)	OREGON	734	0.670% (.00670)	ONTARIO	467	0.426% (.00426)
KENTUCKY	2,202	2.010% (.02010)	PENNSYLVANIA	2,971	2.711% (.02711)	PRINCE ED. IS.	2	0.002% (.00002)
LOUISIANA	1,139	1.039% (.01039)	RHODE ISLAND	41	0.037% (.00037)	QUEBEC	49	0.045% (.00045)
MAINE	60	0.055% (.00055)	SOUTH CAROLINA	631	0.576% (.00576)	SASKATCHEWAN	49	0.045% (.00045)
MARYLAND	536	0.489% (.00489)	SOUTH DAKOTA	257	0.235% (.00235)	YUKON TERR.	N/A	N/A

**New Applicant Mileage** – If you are licensing for the FIRST time, with apportioned plates, and have no actual miles to report you may use the “New Applicant Mileage” estimates listed above for each jurisdiction in which you plan to travel.

**Average Mileage %** – These percents will be used when calculating estimated mileage for newly added jurisdictions or jurisdictions you were previously registered in but did not accumulate mileage. To arrive at the proper estimate you must:

1. Determine the total of all actual fleet miles operated.
2. Multiply the total actual fleet miles by the average mileage percent for the proper jurisdiction(s) you are estimating.

Example: Carrier wants to operate Arkansas, Missouri, and Iowa but has no actual miles to report for Iowa. Multiply the total “actual” fleet miles by the above average mileage % for Iowa. Show 348 estimated miles for Iowa.

Arkansas Actual Miles	2,734
Missouri Actual Miles	15,275
<b>Total Actual Fleet Miles</b>	<b>18,009</b>
Iowa Average Mileage Percent 1.932% X	.01932
<b>Iowa Estimated Miles</b>	<b>348</b>

**DO NOT COMPLETE THE FOLLOWING  
EQUIPMENT REGISTRATION FORMS  
UNLESS  
YOU ARE ADDING NEW EQUIPMENT,  
DELETING EQUIPMENT,  
OR  
OPENING A NEW FLEET FOR THE  
2005 REGISTRATION YEAR.**

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**PLEASE RETAIN THESE FORMS  
FOR FUTURE TRANSACTIONS IN THE  
2005 REGISTRATION YEAR**

# EQUIPMENT REGISTRATION FORM INSTRUCTIONS

## General Information Section

**Application Number** - This number is issued by Motor Carrier Services.

**Federal ID/Social Security Number** - Enter the **registrant's** Federal Identification Number or Social Security Number.

**Type of Transaction** - Indicate add, transfer, deletion, etc. (See back of form for other transaction types and documents required.)

**Type of Operation** - Enter "X" in the boxes which describe the registrant's business.

**Person to Contact** - Indicate the individual responsible for the completion of the forms and who is familiar with the requirements of the application.

**Telephone Number** - Enter the area code and phone number of the contact person.

**Registration Year** - Enter all four digits of the registration year (e.g., 2005).

**Account Number** - Enter the number assigned by Motor Carrier Services (If new, leave blank).

**Fleet Number** - Enter the number assigned by Motor Carrier Services.

**U.S. Department of Transportation (U.S. DOT) Number** - Enter your U.S. DOT number. If you do not have a U.S. DOT number, you must complete a MCS-150 form. (To obtain immediately: <http://www.usdotnumberregistration.com>)

**International Fuel Tax Agreement (IFTA) License Number** - Enter your IFTA license number. If leased, indicate "leased" in box.

**Federal Motor Carrier Safety Administration (FMCSA) Number** - Enter your FMCSA MC number. If leased, indicate, "leased" in box.

**Name of Registrant** - Enter the name in which you are applying for plates.

**DBA Name** - If applicable, enter the name in which the registrant does business.

**Business Address** - Enter the Missouri address where the registrant has an established place of business.

**County** - Enter the county in which the business address is located.

**Mailing Address** - Enter the address where the registrant desires his/her registration credentials mailed. **This cannot be a post office box number.**

**County** - Enter the county in which the mailing address is located.

**Registrant Telephone Number** - Enter the area code and phone number of the registrant. **Service Agent telephone numbers are not acceptable.**

**Fax Number** - Enter your area code and fax number.

## International Fuel Tax Agreement (IFTA) Decal Request

Complete this section when adding additional qualified vehicles to the apportioned fleet and you need to obtain decals.

**IFTA License Number** - Enter your IFTA license number.

**Number of Decals Requested** - Enter the number of decal sets you are requesting. (The number of decals issued must reconcile with the number of trucks licensed, and will be subject to audit.)

## Equipment Addition Section

**Equipment Number** - Enter the equipment number or unit number you have assigned to each power unit or trailer.

**Model Year & Make** - Enter the four digits of the model year and the make of the power unit or trailer.

**Vehicle Identification Number (VIN)** - Enter the complete VIN as listed on title or application for title.

**Vehicle Type/Fuel Type** - Enter the type of vehicle; TK = Straight Truck, TR = Tractor, TT = Truck Tractor, RT = Road Tractor, ST = Semi-Trailer, FT = Full Trailer, BS = Bus, CG = Converter Gear. Enter the type of fuel being used by the power unit (If trailer, leave blank).

**Axles** - Enter the number of axles under each power unit and each trailer (each axle in a tandem group is one axle). **When prorating with Quebec the combination of both tractor and trailer axles will be shown on the cab card.**

**Combined Gross Weight/Seats** - Enter the Missouri weight classification in which the vehicle is being licensed. Enter the actual seating capacity for **buses**.

**Unladen Weight** - Enter the empty weight of the power unit or trailer.

**Latest Purchase Price** - Enter the actual purchase price of the vehicle paid by the current owner, including accessories or modifications attached to the vehicle.

**Factory Price** - This is ninety percent (90%) of the manufacturer's retail price, including accessories or modifications attached to the vehicle, but excludes trade-in and sales tax.

**Date of Purchase** - Enter the month, day, and year the power unit or trailer was purchased by the current owner.

**Name of Lessee &/or Lessor** - Enter the name of the owner-operator, service representative, or lessee.

**Title Number** - Enter the number shown on the **registrant's** Missouri title.

**Plate Number** - Enter the plate number issued by Motor Carrier Services that has not expired.

## Equipment Deletion Section

**Equipment Number** - Enter the equipment number or unit number you have assigned to the power unit or trailer that is being removed from service.

**Model Year & Make** - Enter the four digits of the model year and the make of the power unit or trailer.

**Vehicle Identification Number (VIN)** - Enter the complete VIN as listed on title or application for title.

**Plate Number** - Enter the plate number issued by the Motor Carrier Services that has not expired.

**Combined Gross Weight** - Enter the Missouri weight classification in which the vehicle is licensed.

## Jurisdictional Weights

Refer to the Motor Carrier Services Weight Chart. List **only** the weights for the IRP jurisdictions that will be different than the Missouri combined gross weight. If adding a new jurisdiction, enter the weights next to the new jurisdiction(s) being added.

## Refund Request

If you are removing a power unit that is registered for more than 54,000 pounds or you may request the **remaining Missouri** portion of the fees as a refund by marking the appropriate box and signing the form. **No photocopy of a signature will be accepted.**





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 WEB SITE ADDRESS: www.carrier.state.mo.us

**EQUIPMENT REGISTRATION FORM**

**DOCUMENT CHECKLIST ON BACK OF FORM**

APPLICATION #	FEDERAL ID/SOCIAL SECURITY NO.	TYPE OF TRANSACTION	PAGE _____ OF _____
TYPE OF OPERATION <input type="checkbox"/> EXEMPT COMMODITY <input type="checkbox"/> HOUSEHOLD GOODS <input type="checkbox"/> PRIVATE <input type="checkbox"/> FOR-HIRE		PERSON TO CONTACT	TELEPHONE NUMBER ( ) ( )
RENTAL: <input type="checkbox"/> PRIVATE <input type="checkbox"/> FOR-HIRE			

REGISTRATION YEAR	NAME OF REGISTRANT	FAX NUMBER ( ) ( )
ACCOUNT NUMBER	DBA NAME	<b>IFTA DECAL REQUEST</b> THE NUMBER OF DECALS ISSUED MUST RECONCILE WITH THE NUMBER OF TRUCKS LICENSED, AND WILL BE SUBJECT TO AUDIT.
FLEET NUMBER	BUSINESS ADDRESS (WHERE FLEET IS BASED) COUNTY	
U.S. DOT NUMBER	CITY, STATE, ZIP CODE	IFTA LICENSE NUMBER
IFTA LICENSE NUMBER	MAILING ADDRESS FOR BILLS, CAB CARDS, PLATES (NO P.O. BOX NUMBERS) COUNTY	NUMBER OF DECALS REQUESTED _____ SETS
FMCSA MC NUMBER	CITY, STATE, ZIP CODE	REGISTRANT TELEPHONE NUMBER ( ) ( )

**EQUIPMENT ADDITION SECTION**

EQUIPMENT ADDITION SECTION			EQUIPMENT ADDITION SECTION			JURISDICTIONAL WEIGHTS		
EQUIPMENT ADDITION SECTION			EQUIPMENT ADDITION SECTION			LIST WEIGHT WHEN ADDING STATES OR WHEN WEIGHT IS GREATER THAN THE MISSOURI COMBINED GROSS WEIGHT		
EQUIPMENT NUMBER			EQUIPMENT NUMBER			AL	MA	TX
MODEL YEAR & MAKE			MODEL YEAR & MAKE			AK	MI	UT
VEHICLE IDENTIFICATION NUMBER			VEHICLE IDENTIFICATION NUMBER			AB	MN	VT
VEHICLE TYPE & FUEL TYPE	VEHICLE TYPE	FUEL TYPE	VEHICLE TYPE & FUEL TYPE	VEHICLE TYPE	FUEL TYPE	AZ	MS	VA
AXLES	POWER UNIT AXLES	TRAILER UNIT AXLES	AXLES	POWER UNIT AXLES	TRAILER UNIT AXLES	AR	MT	WA
COMBINED GROSS WEIGHT / SEATS			COMBINED GROSS WEIGHT / SEATS			CA	NE	WV
UNLADEN WEIGHT			UNLADEN WEIGHT			CO	NV	WI
LATEST PURCHASE PRICE			LATEST PURCHASE PRICE			CT	NH	WY
FACTORY PRICE			FACTORY PRICE			DE	NJ	MX
DATE OF PURCHASE			DATE OF PURCHASE			DC	NM	BC
NAME OF LESSEE AND/OR LESSOR			NAME OF LESSEE AND/OR LESSOR			FL	NY	MB
TITLE NUMBER			TITLE NUMBER			GA	NC	NB
PLATE NUMBER			PLATE NUMBER			ID	ND	NL
						IL	OH	NS
						IN	OK	NT
						IA	OR	ON
						KS	PA	PE
						KY	RI	PQ
						LA	SC	SK
						ME	SD	YT
						MD	TN	

**EQUIPMENT DELETION SECTION**

EQUIPMENT DELETION SECTION			EQUIPMENT DELETION SECTION			REFUND REQUEST		
EQUIPMENT NUMBER			EQUIPMENT NUMBER			IF YOU ARE REMOVING A POWER UNIT THAT IS REGISTERED FOR MORE THAN 54,000 POUNDS YOU MAY REQUEST THE REMAINING MISSOURI PORTION OF THE FEES AS A REFUND, BY MARKING THE APPROPRIATE BOX BELOW AND SIGNING ON THE PROVIDED LINE.		
MODEL YEAR & MAKE			MODEL YEAR & MAKE			<input type="checkbox"/> PLEASE ISSUE A REFUND FOR THE REMAINING PORTION OF MY MISSOURI FEES.		
VEHICLE IDENTIFICATION NUMBER			VEHICLE IDENTIFICATION NUMBER			<b>ORIGINAL SIGNATURE</b> (SORRY, NO COPY OF SIGNATURE ACCEPTED)		
PLATE NUMBER			PLATE NUMBER			<b>X</b>		
COMBINED GROSS WEIGHT			COMBINED GROSS WEIGHT			REG. DATE	EXAMINED BY/DATE	

**CHECK LIST: BELOW ARE THE DOCUMENTS WHICH NEED TO BE SUBMITTED TO OUR OFFICE FOR EACH TYPE OF TRANSACTION. EACH TRANSACTION TYPE MUST BE COMPLETED ON A SEPARATE EQUIPMENT REGISTRATION FORM. PLEASE SUBMIT "COPIES" OF SUPPORTING DOCUMENTS UNLESS OTHERWISE NOTED.**

<p style="text-align: center;"><b>NEW ACCOUNT OR NEW FLEET</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM</li> <li><input type="checkbox"/> COMPLETED MILEAGE REGISTRATION FORM IF VEHICLE(S) WERE OPERATED DURING REPORTING PERIOD - ACTUAL MILEAGE IS REQUIRED.</li> <li><input type="checkbox"/> COMPLETED IFTA FORM</li> <li><input type="checkbox"/> SECRETARY OF STATE PAPERS IF APPLICABLE</li> <li><input type="checkbox"/> TITLE OR VALIDATED TITLING RECEIPT</li> <li><input type="checkbox"/> LEASE AGREEMENT, IF LEASED</li> <li><input type="checkbox"/> HEAVY HIGHWAY VEHICLE USE TAX RECEIPT (IRS-FORM 2290) FOR POWER UNITS BEING LICENSED 55,000 LBS. OR HIGHER</li> <li><input type="checkbox"/> CURRENT MISSOURI COUNTY PERSONAL PROPERTY TAX RECEIPT OR TAX WAIVER</li> </ul>	<p style="text-align: center;"><b>EQUIPMENT ADDITION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM</li> <li><input type="checkbox"/> TITLE OR VALIDATED TITLING RECEIPT</li> <li><input type="checkbox"/> LEASE AGREEMENT, IF LEASED</li> <li><input type="checkbox"/> HEAVY HIGHWAY VEHICLE USE TAX RECEIPT (IRS-FORM 2290) FOR POWER UNITS BEING LICENSED 55,000 LBS. OR HIGHER</li> </ul>	<p style="text-align: center;"><b>TRANSFER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM</li> <li><input type="checkbox"/> TITLE OR VALIDATED TITLING RECEIPT</li> <li><input type="checkbox"/> LEASE AGREEMENT, IF LEASED</li> <li><input type="checkbox"/> HEAVY HIGHWAY VEHICLE USE TAX RECEIPT (IRS-FORM 2290) FOR POWER UNITS BEING LICENSED 55,000 LBS. OR HIGHER</li> <li><input type="checkbox"/> <b>ORIGINAL</b> CAB CARD ON DELETED UNIT OR PLATE IF THE ORIGINAL CAB CARD IS LOST</li> </ul>	<p style="text-align: center;"><b>EQUIPMENT DELETION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM</li> <li><input type="checkbox"/> <b>ORIGINAL</b> CAB CARD</li> <li><input type="checkbox"/> LICENSE PLATE</li> </ul>
<p style="text-align: center;"><b>ADDING JURISDICTIONS</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM LISTING "ALL" ACTIVE POWER UNITS</li> <li><input type="checkbox"/> <b>ORIGINAL</b> CAB CARD(S)</li> <li><input type="checkbox"/> INDICATE NEW JURISDICTIONAL WEIGHTS</li> </ul>	<p style="text-align: center;"><b>GROSS WEIGHT INCREASE</b> (SAME VEHICLE)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM</li> <li><input type="checkbox"/> <b>ORIGINAL</b> CAB CARD</li> <li><input type="checkbox"/> LICENSE PLATE IF CHANGING MISSOURI WEIGHT</li> <li><input type="checkbox"/> HEAVY HIGHWAY VEHICLE USE TAX RECEIPT (IRS-FORM 2290) FOR POWER UNITS BEING LICENSED 55,000 LBS. OR HIGHER</li> </ul>	<p style="text-align: center;"><b>WEIGHT CHANGE</b> (TWO DIFFERENT VEHICLES)</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM</li> <li><input type="checkbox"/> TITLE OR VALIDATED TITLING RECEIPT</li> <li><input type="checkbox"/> LEASE AGREEMENT, IF LEASED</li> <li><input type="checkbox"/> HEAVY HIGHWAY VEHICLE USE TAX RECEIPT (IRS-FORM 2290) FOR POWER UNITS BEING LICENSED 55,000 LBS. OR HIGHER</li> <li><input type="checkbox"/> <b>ORIGINAL</b> CAB CARD ON DELETED UNIT</li> <li><input type="checkbox"/> LICENSE PLATE ON DELETED UNIT</li> </ul>	<p style="text-align: center;"><b>FLEET-TO-FLEET TRANSFER</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM FOR THE FLEET YOU ARE ADDING TO</li> <li><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM FOR THE FLEET YOU ARE DELETING FROM</li> <li><input type="checkbox"/> <b>ORIGINAL</b> CAB CARD</li> <li><input type="checkbox"/> SURRENDER LICENSE PLATE <b>ONLY</b> IF CHANGING COMBINED GROSS WEIGHT OR WHEN ADDING A DIFFERENT VEHICLE</li> </ul>
<p style="text-align: center;"><b>REPLACEMENT CAB CARD</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM LISTING ALL THE VEHICLE INFORMATION UNDER THE ADDITION SECTION</li> </ul>	<p style="text-align: center;"><b>DUPLICATE PLATE</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM</li> <li><input type="checkbox"/> NOTARIZED AFFIDAVIT OF LOST PLATE</li> </ul>	<p style="text-align: center;"><b>MISC. CHANGE OF INFORMATION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> COMPLETED EQUIPMENT REGISTRATION FORM LISTING THE TYPE OF CHANGE BEING MADE</li> <li><input type="checkbox"/> TITLE OR VALIDATED TITLING RECEIPT (IF APPLICABLE)</li> <li><input type="checkbox"/> LEASE AGREEMENT (IF APPLICABLE)</li> <li><input type="checkbox"/> <b>ORIGINAL</b> CAB CARD</li> </ul>	

**RETAIN  
THE FOLLOWING  
INFORMATION  
FOR YOUR  
RECORDS**



MISSOURI DEPARTMENT OF TRANSPORTATION  
 MOTOR CARRIER SERVICES  
 P.O. BOX 893, 1320 CREEK TRAIL DRIVE  
 JEFFERSON CITY, MO 65102-0893  
 PHONE: (573) 751-6433 FAX: (573) 751-0916  
 WEB SITE ADDRESS: www.carrier.state.mo.us

**WEIGHT CHART**

THESE WEIGHTS WILL APPEAR ON YOUR APPORTIONED CAB CARDS UNLESS YOU CHOOSE TO INDICATE A HIGHER WEIGHT ON YOUR EQUIPMENT REGISTRATION FORM.

MO - MISSOURI    CO - COLORADO    ID - IDAHO    LA - LOUISIANA    MS - MISSISSIPPI  
 AL - ALABAMA    CT - CONNECTICUT    IL - ILLINOIS    ME - MAINE    MT - MONTANA  
 AB - ALBERTA    DE - DELAWARE    IN - INDIANA    MD - MARYLAND    NE - NEBRASKA  
 AZ - ARIZONA    DC - DISTRICT COLUMBIA    IA - IOWA    MA - MASSACHUSETTS    NV - NEVADA  
 AR - ARKANSAS    FL - FLORIDA    KS - KANSAS    MI - MICHIGAN    NH - NEW HAMPSHIRE  
 CA - CALIFORNIA    GA - GEORGIA    KY - KENTUCKY    MN - MINNESOTA

MO	AL	AB*	AZ	AR	CA	CO	CT	DE	DC	FL	GA	ID	IL	IN	IA**	KS	KY	LA	ME	MD	MA	MI	MN	MS	MT	NE	NV	NH
12,000	12,000	6,000	12,000	12,000	15,000	20,000	12,000	12,000	12,000	14,999	30,000	16,000	12,000	16,000	12,000	16,000	14,000	12,000	12,000	12,000	12,000	24,000	12,000	16,000	12,000	12,000	12,000	12,000
18,000	18,000	9,000	18,000	18,000	20,000	20,000	18,000	18,000	18,000	19,999	30,000	18,000	26,000	20,000	18,000	20,000	18,000	18,000	18,000	18,000	18,000	24,000	18,000	20,000	18,000	18,000	18,000	18,000
24,000	26,000	11,000	24,000	24,000	26,000	24,000	24,000	24,000	24,000	25,999	30,000	24,000	26,000	26,000	24,000	24,000	26,000	24,000	26,000	24,000	24,000	24,000	26,000	26,000	24,000	24,000	24,000	24,000
26,000	26,000	12,000	26,000	26,000	26,000	30,000	26,000	26,000	26,000	34,999	30,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	27,000
30,000	33,000	14,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	34,999	30,000	30,000	32,000	30,000	30,000	30,000	32,000	30,000	32,000	30,000	30,000	32,000	33,000	30,000	30,000	30,000	30,000	30,000
36,000	42,000	17,000	36,000	36,000	40,000	36,000	36,000	36,000	36,000	43,999	36,000	36,000	36,000	36,000	36,000	36,000	38,000	36,000	38,000	36,000	36,000	36,000	39,000	36,000	36,000	36,000	36,000	36,000
42,000	42,000	20,000	45,000	42,000	45,000	42,000	42,000	42,000	42,000	43,999	44,000	42,000	45,000	42,000	42,000	42,000	44,000	42,000	42,000	42,000	42,000	42,000	45,000	42,000	42,000	42,000	42,000	42,000
48,000	55,000	22,000	50,000	48,000	50,000	48,000	48,000	48,000	48,000	54,999	54,999	48,000	50,000	48,000	48,000	48,000	55,000	48,000	48,000	48,000	48,000	48,000	51,000	48,000	48,000	48,000	48,000	48,000
54,000	55,000	25,000	55,000	54,000	54,999	54,000	54,000	54,000	54,000	54,999	54,999	54,000	54,999	54,000	54,000	54,000	55,000	54,000	54,000	54,000	54,000	54,000	57,000	54,000	54,000	54,000	54,000	54,000
60,010	64,000	28,000	60,000	60,000	60,000	60,000	60,100	60,000	60,010	61,999	63,280	60,000	64,000	60,000	60,000	60,000	62,000	60,000	60,000	60,000	60,000	60,000	63,000	60,000	60,000	60,000	60,000	60,100
66,000	73,280	30,000	70,000	66,000	70,000	66,000	66,000	66,000	66,000	71,999	80,000	66,000	73,280	66,000	66,000	66,000	73,280	66,000	69,000	66,000	66,000	66,000	69,000	66,000	66,000	66,000	66,000	66,000
73,280	73,280	34,000	75,000	73,280	75,000	74,000	73,300	73,000	73,280	80,000	80,000	74,000	73,280	74,000	74,000	74,000	73,280	74,000	75,000	74,000	74,000	80,000	73,280	74,000	74,000	74,000	74,000	73,300
78,000	80,000	36,000	80,000	78,000	80,000	80,000	78,000	78,000	78,000	80,000	80,000	78,000	80,000	78,000	78,000	80,000	80,000	78,000	78,000	78,000	78,000	80,000	78,000	78,000	78,000	78,000	78,000	78,000
80,000	80,000	37,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000

\*ALBERTA - KILOGRAMS ARE SHOWN.  
 \*\*IOWA HAS A STATUTORY 5% TOLERANCE FOR ALL CARRIERS AND 25% TOLERANCE IF CARRYING RAW FARM PRODUCTS.



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**WEIGHT CHART**

NJ - NEW JERSEY      OK - OKLAHOMA      TN - TENNESSEE      WV - WEST VIRGINIA      NL - NEW FOUNDLAND  
 NM - NEW MEXICO      OR - OREGON      TX - TEXAS      WI - WISCONSIN      NS - NOVA SCOTIA  
 NY - NEW YORK      PA - PENNSYLVANIA      UT - UTAH      WY - WYOMING      ON - ONTARIO  
 NC - NORTH CAROLINA      RI - RHODE ISLAND      VT - VERMONT      BC - BRITISH COLUMBIA      PE - PRINCE EDWARD ISLAND  
 ND - NORTH DAKOTA      SC - SOUTH CAROLINA      VA - VIRGINIA      MB - MANITOBA      PQ - QUEBEC  
 OH - OHIO      SD - SOUTH DAKOTA      WA - WASHINGTON      NB - NEW BRUNSWICK      SK - SASKATCHEWAN

THESE WEIGHTS WILL APPEAR ON YOUR APPORTIONED CAB CARDS UNLESS YOU CHOOSE TO INDICATE A HIGHER WEIGHT ON YOUR EQUIPMENT REGISTRATION FORM.

NJ	NM	NY	NC	ND	OH	OK	OR	PA	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WY	BC*	MB*	NB*	NL*	NS*	ON*	PE*	PQ**	SK*
12,000	12,000	12,000	12,000	12,000	14,000	15,000	12,000	14,000	12,000	12,000	12,000	16,000	12,000	12,000	12,099	12,000	14,000	12,000	12,000	12,000	5,500	5,450	5,500	5,500	6,000	6,000	5,490		6,000
18,000	18,000	18,000	18,000	18,000	18,000	18,000	18,000	21,000	18,000	18,000	18,000	20,000	18,000	18,000	18,099	18,000	18,000	18,000	20,000	18,000	8,500	8,170	8,500	8,500	9,000	9,000	8,500		9,000
24,000	24,000	24,000	24,000	26,000	26,000	24,000	24,000	26,000	24,000	24,000	24,000	26,000	24,000	24,000	24,099	24,000	24,000	24,000	26,000	24,000	11,000	10,890	10,900	11,000	11,000	11,000	11,000		11,000
26,000	26,000	26,000	26,000	26,000	26,000	24,000	26,000	26,000	26,000	26,000	26,000	26,000	26,000	27,000	26,099	26,000	26,000	26,000	26,000	26,000	12,000	11,800	11,800	12,000	12,000	12,000	12,000		12,000
30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	30,000	32,000	30,000	30,000	30,099	30,499	30,000	30,000	32,000	30,000	14,000	13,610	13,600	14,000	14,000	14,000	15,000		14,000
36,000	36,000	36,000	36,000	38,000	38,000	36,000	36,000	36,000	36,000	36,000	36,000	38,000	36,000	36,000	36,099	36,499	36,000	36,000	38,000	36,000	16,500	16,330	17,000	16,500	17,000	17,000	17,000		17,000
42,000	42,000	42,000	42,000	42,000	42,000	42,000	42,000	44,000	42,000	42,000	42,000	44,000	42,000	42,000	42,099	42,499	42,000	42,000	44,000	42,000	19,500	19,060	19,500	19,500	20,000	20,000	20,500		20,000
48,000	48,000	48,000	48,000	50,000	50,000	48,000	48,000	48,000	50,000	48,000	48,000	56,000	48,000	48,000	48,099	48,499	48,000	48,000	50,000	48,000	22,000	21,780	21,760	22,000	22,000	22,000	22,500		22,000
54,000	54,000	54,000	54,000	54,000	54,000	54,000	54,000	56,000	54,000	54,000	54,000	56,000	54,000	54,000	54,099	54,499	54,000	54,000	54,000	54,000	24,500	24,500	24,500	24,500	25,000	25,000	24,500		25,000
60,000	60,000	60,000	60,000	62,000	62,000	60,000	60,000	60,000	62,000	60,000	60,000	66,000	60,000	60,000	60,099	60,499	60,000	60,000	62,000	60,000	27,500	27,220	27,500	27,500	28,000	28,000	27,500		28,000
66,000	66,000	66,000	66,000	66,000	66,000	66,000	66,000	68,000	66,000	66,000	66,000	66,000	66,000	66,000	66,099	66,499	66,000	66,000	68,000	66,000	30,000	29,940	29,930	30,000	30,000	30,000	31,500		30,000
74,000	74,000	74,000	74,000	74,000	74,000	73,280	74,000	73,280	74,000	74,000	74,000	74,000	74,000	74,000	74,099	73,499	74,000	74,000	73,000	74,000	34,000	33,600	33,500	33,500	34,000	34,000	34,000		34,000
78,000	78,000	78,000	78,000	78,000	78,000	78,000	78,000	78,000	78,000	78,000	78,000	80,000	78,000	78,000	78,099	78,499	78,000	78,000	80,000	78,000	36,000	35,390	35,500	35,500	36,000	36,000	36,000		36,000
80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	80,000	37,000	36,500	36,500	36,500	37,000	37,000	37,000		37,000

\*BRITISH COLUMBIA, MANITOBA, NEW BRUNSWICK, NEW FOUNDLAND, NOVA SCOTIA, ONTARIO, PRINCE EDWARD ISLAND, AND SASKATCHEWAN - KILOGRAMS ARE SHOWN.  
 \*\*QUEBEC - COMBINED AXLES OF POWER UNIT AND TRAILER ARE SHOWN.