

Mississippi Department of Revenue P. O. Box 1140 Jackson MS 39215

INTERNATIONAL REGISTRATION PLAN SCHEDULE A

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. 5		Ja	CKSOII, IVIS 39213	ט									License Ye	ear	Accour	nt Number	Fleet Number	er	FEIN		
lease Print or T Account Na				DBA Name						Person to	conta	ct regarding	SSN								
Business Ph	ysical Ac	dress		Mailing Address						City		S		US DOT #							
City County State Zip							City County			State	e Zip		Fax #			Cell Phone					
YPE OF OV		P														ehicle(s) ev	ver been reg	jiste	 red in anothe	r state	
Sole Own	er	Part	nership			C	orporation								Yes	No) <u> </u>				
ADDITIONS 1. 2	, I	4	-	5. 6. T A	. 7	7. 8. F	9. Unladen	10.	Ī	11.	12.		13.	T	14.	15.	16.	17. **	18.	19.	
Owner's E Unit A Number F	Make	Vehicle Identifi	cation Number	T A Y L P E S	SEATS	F U E L	(Empty) Weight	Combined Gross Weigh	nt	Cost of Vehicle	Purcha Date		Name of Lessor	Tit	tle Number	Previous License No.	US DOT # Vehicle Level	Y/ N	FED ID / TIN Vehicle Level	Delivery Date	
** If the ca	rrier resp rrier resp	onsible for safety is onsible for saftey is	expected to chan not expected to c	ge duri	ng t duri	he ye	ar, the indica e year, the ind	tor should be dicator shoul	se d b	et to Y. ee set to N.				•		•				•	
DELETIONS										CODE				СН	ECK ONE						
1. 2 Owner's 2	. 3. . Make	Vehicle	4. 5. Vehicle Combined		Аp	6. port.		7.		Type TR - Tractor	D - Di		Fuel esel		PC-Private	e Carrier		lumber s Addec	of L		
Unit 5		Identification Number	Gross Weight		Lic	ense Imber	Reaso	n Removed		TK - Single 1		G - Ga P - Pro	II		HH-Haul for (Hauling Other			Number Delete	of d		
1										BS - Bus PU - Pickup					RC-Rental (
										SD - Limous					HC-Househ	old Goods Car	ier FOR		OFFICE USE ONL	<u>.Y</u>	
										The undersigned, under oath, furnished on this application a				alty of perjury that the information hedules is true and correct.					Pre-payment		
									Ву	,				Title _				Trad	e-in Tag		
									Thi	is		Day of		0101	NATURE RE	OLUBER					
														SIGI	NATURE RE	QUIKED					

INTERNATIONAL REGISTRATION PLAN APPLICATION STATE OF MISSISSIPPI

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SCHEDULE B

Ac	count Name			Business Street Add	dress (W	here	Records are Main	tained)	City						
County State			Zip	Licens	e Yea	r Ac	count Nu	nt Number			Fleet Number				
B.	A. Mark "X" in box for each state where you are filing for proportional registration. 3. Mark "X" if estimated miles. 3. List Mileage for each jurisdiction in which this fleet traveled July 1, through June 30,														
Α.	STATE	В.	C. MILES	A.	STATE		B.	C. MILES	Α	. STATE	•		В.	C. MILES	
П	AL (Alabama)	Ħ		Ħ	MN (Minnesota)		Ť		Ė	UT (Utah)					
Ħ	AZ (Arizona)	H		Ħ	MS (Mississippi)				F	VT (Vermo					
Ħ	AR (Arkansas)	Ħ		Ħ	MO (Missouri)				F	VA (Virgin					
Ħ	CA (California)	H		Ħ	MT (Montana)				F	WA (Wash					
Ħ	CO (Colorado)	H		Ħ	NE (Nebraska)				F	WV (West					
Ħ	CT (Connecticut)	H		Ħ	NV (Nevada)				F	WI (Wisco					
Ħ	DE (Delaware)	H		Ħ	NH (New Hampshi	re)			F	WY (Wyor					
Ħ	DC (District of Columbia)	Ħ		Ħ	NJ (New Jersey)	-,			F]	······g/				
Ħ	FL (Florida)	Ħ		Ħ	NM (New Mexico)				F	AB (Alber	ta)				
Ħ	GA (Georgia)	Ħ		Ħ	NY (New York)				F		n Columbia)				
Ħ	ID (Idaho)	Ħ		Ħ	NC (North Carolina)			F	MB (Manif					
Ħ	IL (Ilinois)	Ħ		Ħ	ND (North Dakota)	/			Ē		Brunswick)				
Ħ	IN (Indiana)	Ħ		Ħ	OH (Ohio)				Ē	NF (Newfo					
Ħ	IA (lowa)			Ħ	OK (Oklahoma)				Ī	NS (Nova					
Ħ	KS (Kansas)			Ī	OR (Oregon)				Ē	ON (Ontai					
Ħ	KY (Kentucky)			Ħ	PA (Pennsylvania)				Ī		e Edward Isl	and)			
同	LA (Louisiana)			П	RI (Rhode Island)				Ī	QC (Queb					
$\overline{\Box}$	ME (Maine)			Ī	SC (South Carolina	.)			Ē	SK (Saska					
$\overline{\Box}$	MD (Maryland)				SD (South Dakota)	,			Ē]					
靣	MA (Massachusetts)			Ī	TN (Tennessee)				Ē						
	MI (Michigan)				TX (Texas)										
	, <u>y</u> ,	-			,				T	OTAL MILES	3				
	plain in detail the scope	of op	eration for any 6	esti	mated mileage:										
					(FOR OFFICE	USE (ONL	Y)							