



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

INTERNATIONAL REGISTRATION PLAN SCHEDULE A

Please Print or Type

Account Name				DBA Name			
Business Physical Address				Mailing Address			
City	County	State	Zip	City	County	State	Zip

License Year	Account Number	Fleet Number	FEIN
Person to contact regarding application:			SSN
City	State	Phone Number	US DOT #
Fax #		Cell Phone	

TYPE OF OWNERSHIP

Sole Owner
 Partnership
 Corporation

 Has Vehicle(s) ever been registered in another state
 Yes No

ADDITIONS

1. Owner's Unit Number	2. Y E A R	3. Make	4. Vehicle Identification Number	5. T Y P E	6. A X L E S	7. S E A T S	8. F U E L	9. Unladen (Empty) Weight	10. Combined Gross Weight	11. Cost of Vehicle	12. Purchase Date	13. Name of Lessor	14. Title Number	15. Previous License No.	16. US DOT # Vehicle Level	17. ** Y/ N	18. FED ID / TIN Vehicle Level	19. Delivery Date

** If the carrier responsible for safety is expected to change during the year, the indicator should be set to Y.
 If the carrier responsible for safety is not expected to change during the year, the indicator should be set to N.

DELETIONS

1. Owner's Unit Number	2. Y E A R	3. Make	4. Vehicle Identification Number	5. Combined Gross Weight	6. Apport. License Number	7. Reason Removed

CODE

Type	Fuel
TR - Tractor	D - Diesel
TK - Single Truck	G - Gas
FT - Trailer	P - Propane
BS - Bus	
PU - Pickup	
SD - Limousine	

CHECK ONE

<input type="checkbox"/>	PC-Private Carrier
<input type="checkbox"/>	HH-Haul for Hire (Hauling Others' Goods)
<input type="checkbox"/>	RC-Rental Carrier
<input type="checkbox"/>	HC-Household Goods Carrier

Total Number of Units Added	
Total Number of Units Deleted	

The undersigned, under oath, swears under penalty of perjury that the information furnished on this application and the attached schedules is true and correct.

By _____ Title _____

This _____ Day of _____

SIGNATURE REQUIRED

FOR OFFICE USE ONLY

Pre-payment _____
Trade-in Tag _____
