



**Maine Bureau of Motor Vehicles
International Registration Plan
New Account Application - Schedule A**

SECTION 1 - ACCOUNT INFORMATION				SUPPLEMENT NUMBER
NAME OF REGISTRANT		DATE OF BIRTH	REGISTRATION YEAR	ACCOUNT NUMBER
DOING BUSINESS AS (DBA)		USDOT NUMBER	FLEET NUMBER	
PHYSICAL ADDRESS		TAXPAYER IDENTIFICATION NUMBER (TIN)/TIN TYPE <input type="checkbox"/> EIN <input type="checkbox"/> SSN		REGISTRANT ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO
MAILING ADDRESS		CONTACT PERSON		MC NUMBER
EMAIL ADDRESS		TELEPHONE NUMBER ()	CELL PHONE NUMBER ()	FAX NUMBER ()
BUSINESS TYPE <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> S CORP <input type="checkbox"/> LLC		STATE OF INCORPORATION: _____ <input type="checkbox"/> OTHER: _____		

OPERATION CLASSIFICATION	
<input type="checkbox"/> AUTHORIZED FOR HIRE	<input type="checkbox"/> EXEMPT FOR HIRE
<input type="checkbox"/> PRIVATE CARRIER	<input type="checkbox"/> HOUSEHOLD GOODS
<input type="checkbox"/> RENTAL COMPANY	<input type="checkbox"/> OTHER _____

LEASING INFORMATION	
Are you leasing to a motor carrier?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If 'YES', please provide the legal name of the motor carrier: _____	

PREVIOUS IRP REGISTRATIONS?	
Have you previously been registered in Maine or any other IRP jurisdiction?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Were your IRP registration privileges ever revoked?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If 'YES', please provide the jurisdiction name(s): _____	

PARTNERS OR CORPORATE OFFICERS			
NAME	CORPORATE POSITION	SOCIAL SECURITY NUMBER	TELEPHONE NUMBER
1.			()
2.			()
3.			()

REPORTING SERVICE/AGENT*			
NAME OF REPORTING SERVICE/AGENT	ADDRESS	TELEPHONE NUMBER ()	FAX NUMBER ()
Would you like the Reporting Service/Agent named above to receive IRP bills, plates, correspondence, etc. on your behalf? <input type="checkbox"/> YES <input type="checkbox"/> NO			

* If you have a reporting service or agent complete your IRP paperwork, please complete this section and attach the Power of Attorney authorizing the service or agent to conduct IRP business on your behalf.

I would like to receive email notifications regarding my account, including my IRP Renewal Packet.	<input type="checkbox"/> YES <input type="checkbox"/> NO	Email Address: _____
I have internet access and would be interested in receiving training to process my IRP applications online.	<input type="checkbox"/> YES <input type="checkbox"/> NO	

New Account Application - Schedule A (Continued)

Account Number: _____

SECTION 2 - DECLARED JURISDICTIONAL OPERATING WEIGHTS

AB	CA	FL	IN	MA	MI	MT	NE	NM	OH	PA	SC	TX	WA
AL	CO	GA	KS	MB	MN	NB	NH	NS	OK	PE	SD	UT	WI
AR	CT	IA	KY	MD	MO	NC	NJ	NV	ON	QC	SK	VA	WV
AZ	DC	ID	LA	ME	MS	ND	NL	NY	OR	RI	TN	VT	WY
BC	DE	IL	If weight is given for WY, do you have WY Intrastate Authority? <input type="checkbox"/> YES <input type="checkbox"/> NO If TK is traveling in CO, does it pull a trailer? <input type="checkbox"/> YES <input type="checkbox"/> NO										

The vehicles listed below must be in the above weight group. Please use an additional page for each additional weight group.

SECTION 3 - VEHICLE INFORMATION

1	UNIT NUMBER	MODEL YEAR	MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER	*TYPE	**FUEL	AXELS	BUSHP	SEATS	GROSS WEIGHT	UNLADEN WEIGHT	NAME OF OWNER/LESSOR	*TYPE TT TK BS
	HAULS TRAILER? <input type="checkbox"/> YES <input type="checkbox"/> NO MAXIMUM NUMBER OF TRAILER AXLES _____				CARRIER RESPONSIBLE FOR VEHICLE SAFETY								
	TITLE NUMBER	TITLE JURISDICTION	NEW / USED	PURCHASE PRICE & PURCHASE DATE	FACTORY PRICE	WILL THE VEHICLE BE LEASED FOR 30 DAYS OR MORE TO ANOTHER CARRIER	LEASE DATE	***USDOT NUMBER	****TAXPAYER IDENTIFICATION NUMBER (TIN)	PLEASE INDICATE IF THE CARRIER RESPONSIBLE FOR SAFETY OF THE VEHICLE IS EXPECTED TO CHANGE DURING THIS REGISTRATION YEAR.		**FUEL D G P	
		<input type="checkbox"/> N <input type="checkbox"/> U			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO				
2	UNIT NUMBER	MODEL YEAR	MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER	*TYPE	**FUEL	AXELS	BUSHP	SEATS	GROSS WEIGHT	UNLADEN WEIGHT	NAME OF OWNER/LESSOR	***USDOT Number Assigned to Vehicle
	HAULS TRAILER? <input type="checkbox"/> YES <input type="checkbox"/> NO MAXIMUM NUMBER OF TRAILER AXLES _____				CARRIER RESPONSIBLE FOR VEHICLE SAFETY								
	TITLE NUMBER	TITLE JURISDICTION	NEW / USED	PURCHASE PRICE & PURCHASE DATE	FACTORY PRICE	WILL THE VEHICLE BE LEASED FOR 30 DAYS OR MORE TO ANOTHER CARRIER	LEASE DATE	***USDOT NUMBER	****TAXPAYER IDENTIFICATION NUMBER (TIN)	PLEASE INDICATE IF THE CARRIER RESPONSIBLE FOR SAFETY OF THE VEHICLE IS EXPECTED TO CHANGE DURING THIS REGISTRATION YEAR.		****EIN or SSN Associated with the USDOT Number Assigned to the Vehicle	
		<input type="checkbox"/> N <input type="checkbox"/> U			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO				

SECTION 4 - AFFIRMATION

I/we, the undersigned, do certify that the information provided herein is true and correct to the best of my/our knowledge and that vehicle liability insurance is maintained on all fleet vehicles at the time of registration.		
Authorized Signature _____	Title _____	Date _____

DISCLOSURE

This statement is made in accordance with the Federal Privacy Act of 1974, Section 7 (b). Providing your Social Security Number or Federal Employer Identification Number is mandatory and is required by State and Federal law or rule to receive motor carrier credentials. Your Social Security Number or Federal Employer Identification Number will be used solely for identification purposes and will be kept confidential.

INSTRUCTIONS FOR COMPLETING SCHEDULE A

SECTION 1 - ACCOUNT INFORMATION

Account Number, Fleet Number and Supplement Number will be provided by the Motor Carrier Services Staff

Name of Registrant: Enter the full legal name of the registrant. (Company or Individual)

Registration Year: The year that this registration will expire.

Doing Business As (DBA): This is a trade name, which may or may not be the same as the registrant's name. This field is optional.

USDOT Number: This is the motor carrier census number assigned to you by the Federal Motor Carrier Safety Administration (FMCSA).

Taxpayer Identification Number (TIN): Registrant must provide their Federal Employer Identification Number (FEIN) or Social Security Number (SSN). (FEIN should be provided when the registrant has both a FEIN and SSN).

Registrant Only: If the registrant is not a motor carrier, please check Yes. The box for the USDOT Number should not have an entry if Yes is checked for Registrant Only.

Physical Address: The street address and town where the applicant maintains an established place of business or residence in Maine, and where operational records are maintained or such records can be made available. A post office box is not acceptable.

Contact Person: The person responsible for maintaining the applicant's records. This person should be familiar with the requirements of the IRP. All IRP correspondence will be directed to this person.

MC Number: This is a required field if you are hauling non-exempt commodities. This number is assigned by the Federal Motor Carrier Safety Administration.

Mailing Address: All written correspondence will be mailed to this address. This may be post office box.

Telephone Number: Enter the business telephone number for the contact person on your IRP account.

Cell Phone Number: Enter the cell phone number for the contact person on your IRP account. This field is optional.

Fax Number: The fax number to receive business facsimile transmissions.

Email Address: Enter the email address to send correspondence regarding your IRP account.

Business Type: Check the appropriate business type.

Operation Classification: What class of operations does the business conduct?

Leasing Information: Do you lease to a motor carrier? If yes, provide the legal name of the motor carrier.

Previous IRP Registrations: Have you previously registered in Maine or another IRP Jurisdiction? If yes, provide the name of the Jurisdiction. If yes, have your IRP privileges ever been revoked?

Partners or Corporate Officers: Provide name, title, social security number and phone number for Corporate Officers or Partners.

Reporting Service/Agent: If you use a reporting service/agent enter name, address, telephone and fax number for the service/agent. Please attach a copy of the power of attorney authorizing the service or agent to conduct IRP business on your behalf.

Email Notifications: Would you like to receive correspondence via email, including your renewal packets? Check Yes or No. If you check yes, please provide email address.

Interested in training for IRP application processing?: If you are interested in receiving online training to process your online IRP processing, please check yes.

SECTION 2 - DECLARED JURISDICTIONAL OPERATING WEIGHTS

Use this section to enter a weight for a jurisdiction. This is your gross vehicle weight (GVW). For Quebec only, use the maximum number of axles on the power unit, or power unit and trailer, if applicable.

List the GVW for each jurisdiction in which you wish to apportion. You must complete an additional page for each unique weight group.

Intrastate Authority for Wyoming: If you have provided weight for Wyoming, do you have Intrastate Authority for Wyoming? Check Yes or No.

Traveling in Colorado pulling a trailer: If the truck is travelling in Colorado, will it be pulling a trailer? Check Yes or No.

SECTION 3 - VEHICLE INFORMATION

Unit Number: This is the number assigned by the registrant to the vehicle.

Model Year: Enter the year of the vehicle.

Make/Model: Enter the make and model of the vehicle.

Vehicle Identification Number (VIN): Record the complete vehicle identification number.

***Type:** Identify the vehicle type by using the type legend on the side of the form.

****Fuel:** Identify the fuel type by using the type legend on the side of the form.

Axles: This is the number of axles on the power unit, including the steering axle. If the unit is a bus, skip this field.

Bus HP: If the unit is a bus, enter the horsepower of the bus.

Seats: If the unit is a bus, enter the number of seats.

Gross Weight: Enter the maximum total weight at which the unit is to be registered.

Unladen Weight: Enter the weight of the vehicle with no load.

Name of Owner/Lessor: Enter the name of the owner as recorded on the title.

Hauls Trailers: Does this unit haul trailers? Check Yes or No.

Trailer Axles: Enter the maximum number of axles on the trailer.

Title Number: Enter the title number of the title for this vehicle.

Title Jurisdiction: Enter the jurisdiction the vehicle is titled in.

New/Used: Check "N" if purchased new. Check "U" is purchased used.

Purchase Price: Record the actual price you paid for the vehicle.

Purchase Date: Enter the date the vehicle was purchased by you (mm/dd/yyyy)

Factory Price: Record the manufacturer's suggested retail price of the vehicle when new.

Leased 30 days or more: Will the vehicle be leased to another carrier for 30 days or more? Check Yes or No.

Lease Date: If the vehicle is leased, list the current lease start date (mm/dd/yyyy).

Carrier Responsible for Safety (CRFS)

*****USDOT Number:** Enter the USDOT number assigned by FMCSA to the CRFS.

******TIN:** The federal ID number associated with the USDOT Number of the CRFS as provided on the CRFS's most recent Form MCS-150 update.

CRFS Expected to Change: Is the CRFS expected to change during the registration year? Check Yes or No.

SECTION 4 - AFFIRMATION

Authorized Signature: The signature of the registrant or an agent with Power-of-Attorney (POA) on file with this office must be provided. If POA is not on file, please attach a copy to this application.

Title: Title or position of the person signing the form.

Date: Enter the date the application is signed (mm/dd/yyyy).