

MAINE IRP WEIGHT & MILEAGE SCHEDULE

MAIL OR FAX TO: IRP UNIT, 29 STATE HOUSE STATION, AUGUSTA ME 04333-0029
 TELEPHONE: 207-624-9000 EXT 52135 FAX: 207-624-9086

OFFICE USE ONLY															
ACCOUNT NUMBER			REGISTRANT NAME								MILEAGE PERIOD				
WEIGHT GROUP											TOTAL MILEAGE				
JURIS	CGW	E/A	MILEAGE	JURIS	CGW	E/A	MILEAGE	JURIS	CGW	E/A	MILEAGE	JURIS	CGW	E/A	MILEAGE
<input type="checkbox"/> AB				<input type="checkbox"/> IN				<input type="checkbox"/> ND				<input type="checkbox"/> QC			
<input type="checkbox"/> AL				<input type="checkbox"/> KS				<input type="checkbox"/> NE				<input type="checkbox"/> RI			
<input type="checkbox"/> AR				<input type="checkbox"/> KY				<input type="checkbox"/> NH				<input type="checkbox"/> SC			
<input type="checkbox"/> AZ				<input type="checkbox"/> LA				<input type="checkbox"/> NJ				<input type="checkbox"/> SD			
<input type="checkbox"/> BC				<input type="checkbox"/> MA				<input type="checkbox"/> NL				<input type="checkbox"/> SK			
<input type="checkbox"/> CA				<input type="checkbox"/> MB				<input type="checkbox"/> NM				<input type="checkbox"/> TN			
<input type="checkbox"/> CO				<input type="checkbox"/> MD				<input type="checkbox"/> NS				<input type="checkbox"/> TX			
<input type="checkbox"/> CT				<input checked="" type="checkbox"/> ME				<input type="checkbox"/> NV				<input type="checkbox"/> UT			
<input type="checkbox"/> DC				<input type="checkbox"/> MI				<input type="checkbox"/> NY				<input type="checkbox"/> VA			
<input type="checkbox"/> DE				<input type="checkbox"/> MN				<input type="checkbox"/> OH				<input type="checkbox"/> VT			
<input type="checkbox"/> FL				<input type="checkbox"/> MO				<input type="checkbox"/> OK				<input type="checkbox"/> WA			
<input type="checkbox"/> GA				<input type="checkbox"/> MS				<input type="checkbox"/> ON				<input type="checkbox"/> WI			
<input type="checkbox"/> IA				<input type="checkbox"/> MT				<input type="checkbox"/> OR				<input type="checkbox"/> WV			
<input type="checkbox"/> ID				<input type="checkbox"/> NB				<input type="checkbox"/> PA				<input type="checkbox"/> WY			
<input type="checkbox"/> IL				<input type="checkbox"/> NC				<input type="checkbox"/> PE				<input type="checkbox"/> OTH			

OTH (OTHER) = TOTAL OF THESE JURISDICTIONS. PLEASE INDICATE. ALASKA HAWAII MEXICO NORTHWEST TERRITORY YUKON TERRITORY

INDICATE WITH A CHECK (✓) THE JURISDICTIONS IN WHICH YOU ARE FILING FOR PROPORTIONAL REGISTRATION.

ENTER THE DECLARED COMBINED GROSS WEIGHT (CGW) FOR EACH STATE. (QC = TOTAL NUMBER OF AXLES.)

ENTER AN **A** OR AN **E** TO INDICATED WHETHER ACTUAL OR ESTIMATED MILEAGE.

PLEASE ANSWER THE FOLLOWING QUESTIONS.

IF WEIGHT IS GIVEN FOR **WY**, DO YOU HAVE INTRASTATE AUTHORITY? Y N

IF **TK** IS TRAVELING IN **CO**, DOES IT PULL A TRAILER? Y N

INDICATE WITH A CHECK (✓) IN THE BOX BELOW THE METHOD USED TO DECLARE DISTANCE FILING.

ACTUAL MILES OPERATED JULY 1 - JUNE 30 OR PORTION THEREOF.

ESTIMATED MILES SUPPORTED BY DOCUMENTATION, MILES THAT ARE REASONABLE AND FULLY EXPLAINED. (Enter explanation below. Attach additional sheet if necessary.)

Motor Carrier Services reserves the right to deny unreasonable estimates.

ESTIMATED DISTANCE CHART, AS I HAVE NO EVIDENCE TO SUPPORT ESTIMATED MILES.

SIGNATURE

TITLE

DATE