

Department of the Secretary of State

Bureau of Motor Vehicles

IRP REGISTRANT CERTIFICATION

This form must be completed by the registrant, or a person duly authorized to conduct business on behalf of the registrant, prior to renewing any IRP Fleet Registration.

1.	Does your company have its own Operating Authority?				
	☐ YES	□ NO – PRIVA	TE PROPERTY	□ NO – EXEMPT FOR HIRE	
	□ NO – LEA	SED FOR AUTHO	RITY		
	The name of the Comp	oany Leased to		DOT#	
2.	Did the renewal fleet accrue distance in Maine during the distance reporting period applicable to the renewal registration year (Schedule B should reflect actual mileage for Maine) or, if there was no fleet operation during the reporting period, did the fleet accrue distance in Maine during the previous registration year?				
	☐ YES	☐ NO (If 'NO	, stop, you are not eli	gible to base in Maine)	
3.	<u>Established Place of Business</u> : does your company own or lease a physical structure in Maine that is open for business and staffed by one or more permanent employees during normal business hours for the purpose of managing its trucking related business? The street address of the physical structure must be specified in the IRP applications. The IRP Office may request up to three documents verifying the reported address.				
	☐ YES	☐ NO (If 'YE	S', please skip questic	n #4)	
4.				Maine? The IRP Office will require at leasoof of Residency' on the IRP Renewal Lett	
	☐ YES	☐ NO (If Que	stions #3 and #4 are	NO', stop, you are not eligible to base in M	/laine)
5.				ne established place of business in Maine at the residence in Maine?	or if
	☐ YES	☐ NO (If 'YE	S', please skip questic	n #6)	
6.	If not, can the operation	onal records be mad	le available at the des	ignated base location in the event of an au	udit?
	☐ YES	☐ NO (If Que	stions #5 and #6 are	NO', stop, you are not eligible to base in N	/laine)
knowled of Main	dge, information, and be e. I/we understand that et the IRP basing require	lief and the compar if, after the renewa	ny named below does I registration(s) is issu	are true and correct to the best of my/our meet the IRP basing requirements for the ed, it is later determined that the company tion(s) may be cancelled and fees will not	State does
NAME OF C	COMPANY		IRP ACCOUNT N	JMBER	
SIGNATUR	E OF AUTHORIZED OFFICIAL(S)		PRINT NAME OF	AUTHORIZED OFFICIAL(S)	
TITLE(S)			DATE		