

## 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<br>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<br>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   |  |            |