

## Maine Bureau of Motor Vehicles International Registration Plan Mileage Schedule B

	Account Number:	Fleet Number:	Effective Date:
SECTION 1 - ACCOUNT INFORMA	TION SECTION 2 - ACCOUNT INFORMAT	TION SECTION 3 - CONTACT INFORM	MATION SECTION 4 – USDOT INFORMATION
Account Name:	DBA Name:	Contact Name:	US DOT#:
Physical Address : County of Resi	idence: Mailing Address :	Phone #: Fax #:	Tax ID# (FEIN or SSN)
City, State, Zip:	City, State, Zip:	Cell phone #:	e-mail address:

The mileage that is required for the renewal period is for the 3<sup>rd</sup> and 4<sup>th</sup> Quarter of 20\_\_\_\_ and 1<sup>st</sup> and 2<sup>nd</sup> Quarter of 20\_\_\_ (example 7/1/2014 through 6/30/2015) do not use a calendar year for your mileage. You may be able to your IFTA mileage from your Quarterly fuel reports; if all the units in IRP have IFTA decals, you only have one fleet, you are not leased to someone who provides your decals and/or all your units are over 26,000 lbs. <u>Check box and initial if you agree to allow your miles to be pulled from the IFTA system</u>

Initials

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Jurisdiction	Actual Distance	Jurisdiction	Actual Distance	Jurisdiction	Actual Distance		Jurisdiction	Actual Distance
Alberta		Indiana		North Dakota			Quebec	
Alabama		Kansas		Nebraska		Ī	Rhode Island	
Arkansas		Kentucky		New Hampshire			South Carolina	
Arizona		Louisiana		New Jersey			South Dakota	
British Columbia		Massachusetts		Newfoundland			Saskatchewan	
California		Manitoba		New Mexico			Tennessee	
Colorado		Maryland		Nova Scotia			Texas	
Connecticut		Maine		Nevada		Ī	Utah	
Dist. Of Columbia		Michigan		New York			Virginia	
Delaware		Minnesota		Ohio			Vermont	
Florida		Missouri		Oklahoma			Washington	
Georgia		Mississippi		Ontario			Wisconsin	
Iowa		Montana		Oregon			West Virginia	
Idaho		New Brunswick		Pennsylvania			Wyoming	
Illinois		North Carolina		Prince Edward Island				

\*Report actual distance for each jurisdiction you traveled in. Estimated distance is no longer used under the Full Reciprocity Program.

SECTION 3 - AFFIRMATION					
I certify that the Actual Distances reported for the apportioned registration renewal are true and accurate for the period request and the mileage is supported by adequate records.					
Signature:	Title:	Date:			

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