



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

Account Number: \_\_\_\_\_

Fleet Number: \_\_\_\_\_

Effective Date: \_\_\_\_\_

SECTION 1 - ACCOUNT INFORMATION	SECTION 2 - ACCOUNT INFORMATION	SECTION 3 - CONTACT INFORMATION	SECTION 4 - USDOT INFORMATION
Account Name:	DBA Name:	Contact Name:	US DOT#:
Physical Address :                      County of Residence:	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. Check box and initial if you agree to allow your miles to be pulled from the IFTA system  \_\_\_\_\_

Jurisdiction	Actual Distance
Alberta	
Alabama	
Arkansas	
Arizona	
British Columbia	
California	
Colorado	
Connecticut	
Dist. Of Columbia	
Delaware	
Florida	
Georgia	
Iowa	
Idaho	
Illinois	

Jurisdiction	Actual Distance
Indiana	
Kansas	
Kentucky	
Louisiana	
Massachusetts	
Manitoba	
Maryland	
Maine	
Michigan	
Minnesota	
Missouri	
Mississippi	
Montana	
New Brunswick	
North Carolina	

Jurisdiction	Actual Distance
North Dakota	
Nebraska	
New Hampshire	
New Jersey	
Newfoundland	
New Mexico	
Nova Scotia	
Nevada	
New York	
Ohio	
Oklahoma	
Ontario	
Oregon	
Pennsylvania	
Prince Edward Island	

Initials	
Jurisdiction	Actual Distance
Quebec	
Rhode Island	
South Carolina	
South Dakota	
Saskatchewan	
Tennessee	
Texas	
Utah	
Virginia	
Vermont	
Washington	
Wisconsin	
West Virginia	
Wyoming	

\*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: _____