



Maine Bureau of Motor Vehicles International Registration Plan Application For Changes - Schedule C

Account Number: _____

- | | |
|--|--|
| <input type="checkbox"/> New Unit | <input type="checkbox"/> Add Jurisdictions |
| <input type="checkbox"/> Weight Increase | <input type="checkbox"/> Delete Unit(s) |
| <input type="checkbox"/> Weight Decrease | <input type="checkbox"/> Add Unit(s) |
| <input type="checkbox"/> Fleet to Fleet | <input type="checkbox"/> Correction |
| <input type="checkbox"/> Create New Wt. Group | Total Unit(s) Deleted _____ |
| <input type="checkbox"/> Registration Transfer | Total Unit(s) Added _____ |

SECTION 1 - ACCOUNT INFORMATION

NAME OF REGISTRANT	DATE OF BIRTH	REGISTRATION YEAR	FLEET NUMBER	SUPPLEMENT NUMBER
DOING BUSINESS AS (DBA)	USDOT NUMBER	TAXPAYER IDENTIFICATION NUMBER (TIN)/TIN TYPE <input type="checkbox"/> EIN <input type="checkbox"/> SSN		REGISTRANT ONLY? <input type="checkbox"/> YES <input type="checkbox"/> NO
PHYSICAL ADDRESS	CONTACT PERSON			MC NUMBER
MAILING ADDRESS	TELEPHONE NUMBER ()	CELL PHONE NUMBER ()	FAX NUMBER	

SECTION 2 - DECLARED JURISDICTIONAL OPERATING WEIGHTS

AB	AL	AR	AZ	BC	CA	CO	CT	DC	DE	FL	GA	IA	ID
IL	IN	KS	KY	LA	MA	MB	MD	ME	MI	MN	MO	MS	MT
NB	NC	ND	NE	NH	NJ	NL	NM	NS	NV	NY	OH	OK	ON
OR	PA	PE	QC	RI	SC	SD	SK	TN	TX	UT	VA	VT	WA
WI	WV	WY	If weight is given for WY, do you have Intrastate Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If TK is traveling in CO, does it pull a trailer? <input type="checkbox"/> YES <input type="checkbox"/> NO										

SECTION 3 - VEHICLE ADDITIONS AND/OR CHANGES

UNIT NUMBER	MODEL YEAR	MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER					*TYPE	**FUEL	AXELS	BUSHP	SEATS	GROSS WEIGHT	UNLADEN WEIGHT	NAME OF OWNER/LESSOR		*TYPE TT TK BS	
HAULS TRAILER? <input type="checkbox"/> YES <input type="checkbox"/> NO MAXIMUM NUMBER OF TRAILER AXLES _____															CARRIER RESPONSIBLE FOR VEHICLE SAFETY			
TITLE NUMBER	TITLE JURISDICTION	NEW / USED	PURCHASE PRICE & PURCHASE DATE	FACTORY PRICE	WILL THE VEHICLE BE LEASED FOR 30 DAYS OR MORE TO ANOTHER CARRIER	LEASE DATE	***USDOT NUMBER	****TAXPAYER IDENTIFICATION NUMBER (TIN)	PLEASE INDICATE IF THE CARRIER RESPONSIBLE FOR SAFETY OF THE VEHICLE IS EXPECTED TO CHANGE DURING THIS REGISTRATION YEAR.						**FUEL D G P			
		<input type="checkbox"/> N <input type="checkbox"/> U			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO									
UNIT NUMBER	MODEL YEAR	MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER					*TYPE	**FUEL	AXELS	BUSHP	SEATS	GROSS WEIGHT	UNLADEN WEIGHT	NAME OF OWNER/LESSOR		***USDOT Number Assigned to Vehicle	
HAULS TRAILER? <input type="checkbox"/> YES <input type="checkbox"/> NO MAXIMUM NUMBER OF TRAILER AXLES _____															CARRIER RESPONSIBLE FOR VEHICLE SAFETY			
TITLE NUMBER	TITLE JURISDICTION	NEW / USED	PURCHASE PRICE & PURCHASE DATE	FACTORY PRICE	WILL THE VEHICLE BE LEASED FOR 30 DAYS OR MORE TO ANOTHER CARRIER	LEASE DATE	***USDOT NUMBER	****TAXPAYER IDENTIFICATION NUMBER (TIN)	PLEASE INDICATE IF THE CARRIER RESPONSIBLE FOR SAFETY OF THE VEHICLE IS EXPECTED TO CHANGE DURING THIS REGISTRATION YEAR.						****EIN or SSN Associated with the USDOT Number Assigned to the Vehicle			
		<input type="checkbox"/> N <input type="checkbox"/> U			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO									



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SECTION 4 - VEHICLE DELETIONS*

UNIT NUMBER	YEAR	MAKE	MODEL	VEHICLE IDENTIFICATION NUMBER	APPORTIONED PLATE NUMBER	REASON VEHICLE REMOVED**

* Please return plates and cab card when deleting a vehicle unless requesting a registration transfer.

****REASON VEHICLE REMOVED**

S - SOLD
 ST - STOLEN
 W - WRECKED or JUNKED (Must be permanently removed from fleet)
 O - OTHER (Explain _____)

Section 5 - AFFIRMATION

I, we, the undersigned, do certify that the information provided herein is true and correct to the best of my/our knowledge and that vehicle liability insurance is maintained on all fleet vehicles at the time of registration.

Authorized Signature _____ Title _____ Date _____

I would like to receive email notifications regarding my account, to include my IRP Renewal packet. Yes

Email Address: _____ No

DISCLOSURE

This statement is made in accordance with the Federal Privacy Act of 1974, Section 7 (b). Providing your Social Security Number or Federal Employer Identification Number is mandatory and is required by State and Federal law or rule to receive motor carrier credentials. Your Social Security Number or Federal Employer Identification Number will be used solely for identification purposes and will be kept confidential.

INSTRUCTION FOR COMPLETING SCHEDULE C

Upper Right Corner of Form

Account Number: This is a five digit number assigned by the IRP Unit which can be found on the cab card or a previous invoice.

Transaction Type(s): Indicate the type(s) of transactions (s) you wish to have completed by checking those transaction types that apply. Check all that apply.

SECTION 1 – ACCOUNT INFORMATION

Name of Registrant: Enter the full legal name of the registrant. (Company or Individual)

Date of Birth: The registrant's date of birth. (mm/dd/yyyy). If incorporated, leave blank.

Registration Year: The year that this registration will expire.

Fleet Number: This is a three digit number assigned by the IRP system to uniquely identify each fleet within an IRP account. If you are making a change to an existing fleet, please use the assigned fleet number. (The fleet number can be found on the cab card).

Supplement Number: Leave blank. This will be assigned by the IRP Unit.

Doing Business As (DBA): This is a trade name, which may or may not be the same as the registrant's name. This field is optional.

USDOT Number: This is the motor carrier census number assigned to you by the Federal Motor Carrier Safety Administration (FMCSA).

Taxpayer Identification Number (TIN): Every registrant must provide their Federal Employer Identification Number (FEIN) or Social Security Number (SSN). (FEIN should be provided when the registrant has both a FEIN and SSN).

Registrant Only: If the registrant is not a motor carrier, please check Yes. The box for the USDOT Number should not have an entry if Yes is checked for Registrant Only.

Physical Address: The street address and town where the applicant maintains an established place of business or residence in Maine, and where operational records are maintained or such records can be made available. A post office box is not acceptable.

Contact Person: The person responsible for maintaining the applicant's records. This person should be familiar with the requirements of the IRP. All IRP correspondence will be directed to this person.

MC Number: This is a required field if you are hauling non-exempt commodities. This number is assigned by the Federal Motor Carrier Safety Administration.

Mailing Address: All written correspondence will be mailed to this address. This may be a post office box.

Telephone Number: Enter the business telephone number for the contact person on your IRP account.

Cell Phone Number: Enter the cell phone number for the contact person on your IRP account. This field is optional.

Fax Number: The fax number to receive business facsimile transmissions.

SECTION 2 - DECLARED JURISDICTIONAL OPERATING WEIGHTS

Use this section to change a weight for a jurisdiction and/or to indicate a weight for a newly added jurisdiction. This is your gross vehicle weight (GVW). For Quebec only, use the maximum number of axles on the power unit, or power unit and trailer, if applicable.

List the GVW for each jurisdiction in which you wish to apportion. You must complete a Schedule C for each unique weight group.

Intrastate Authority for Wyoming: If you have provided weight for Wyoming, do you have Intrastate Authority for Wyoming? Check Yes or No.

Traveling in Colorado pulling a trailer: If TK is travelling in Colorado, will it be pulling a trailer? Check Yes or No.

SECTION 3 - VEHICLE ADDITIONS AND/OR CHANGES

Unit Number: This is the number assigned by the registrant to the vehicle.

Model Year: Enter the year of the vehicle.

Make/Model: Enter the make and model of the vehicle.

Vehicle Identification Number (VIN): Record the complete vehicle identification number.

***Type:** Identify the vehicle type by using the type legend on the side of the form.

****Fuel:** Identify the fuel type by using the type legend on the side of the form.

Axles: This is the number of axles on the power unit, including the steering axle. If the unit is a bus, skip this field.

Bus HP: If the unit is a bus, enter the horsepower of the bus.

Seats: If the unit is a bus, enter the number of seats.

Gross Weight: Enter the maximum total weight at which the unit is to be registered.

Unladen Weight: Enter the weight of the vehicle with no load.

Name of Owner/Lessor: Enter the name of the owner as recorded on the title.

Hauls Trailers: Does this unit haul trailers? Check Yes or No.

Trailer Axles: Enter the maximum number of axles on the trailer.

Title Number: Enter the title number of the title for this vehicle.

Title Jurisdiction: Enter the jurisdiction the vehicle is titled in.

New/Used: Check "N" if purchased new. Check "U" if purchased used.

Purchase Price: Record the actual price you paid for the vehicle.

Purchase Date: Enter the date the vehicle was purchased by you (mm/dd/yyyy)

Factory Price: Record the manufacturer's suggested retail price of the vehicle when new.

Leased 30 days or more: Will the vehicle be leased to another carrier for 30 days or more? Check Yes or No.

Lease Date: If the vehicle is leased, list the current lease start date (mm/dd/yyyy).

Carrier Responsible for Safety (CRFS)

*****USDOT Number:** Enter the USDOT number assigned by FMCSA to the CRFS.

******TIN:** The federal ID number associated with the USDOT Number of the CRFS as provided on the CRFS's most recent Form MCS-150 update.

CRFS Expected to Change: Is the CRFS expected to change during the registration year? Check Yes or No.

SECTION 4 - VEHICLE DELETIONS

Unit Number: This is the number assigned by the registrant to the vehicle.

Year: Enter the year of the vehicle.

Make: Enter the make of the vehicle.

Model: Enter the model of the vehicle.

Vehicle Identification Number (VIN): Record the complete vehicle identification number.

Apportioned Plate Number: Enter the class and plate number assigned to this vehicle.

Reason Vehicle Removed: Enter the reason for removing the vehicle. Refer to the legend table for reasons for removal.

SECTION 5 - AFFIRMATION

Authorized Signature: The signature of the registrant or an agent with Power-of-Attorney (POA) on file with this office must be provided. If POA is not on file, please attach a copy to this application.

Title: Title or position of the person signing the form.

Date: Enter the date the application is signed (mm/dd/yyyy).

Email Notifications: Would you like to receive correspondence via email, including your renewal packets? Check Yes or No.

Email Address: Enter the email address to send correspondence regarding your IRP account.