



Motor Vehicle Administration  
6601 Ritchie Highway, N.E.  
Glen Burnie, Maryland 21062

IRP-A/C (08-15)

**International Registration Plan - Original Supplemental Application (Schedule A/C)**

REGISTRANT INFORMATION				STATE OF MARYLAND MOTOR VEHICLE ADMINISTRATION INTERNATIONAL REGISTRATION PLAN Original / Supplemental Application Schedule A/C			TYPE OF APPLICATION	* TYPE OF VEHICLE	*** TEMPORARY AUTHORITY
FIVE DIGITS	THREE DIGITS	THREE DIGITS	TWO DIGITS						
ACCOUNT NUMBER	FLEET NUMBER	SUPP. NUMBER	REGISTRATION YR.	1. Please read instructions on back of form before completing application 2. Please print clearly in ink, or type			<input type="checkbox"/> - Original <input type="checkbox"/> - Renewal <input type="checkbox"/> - Add Fleet <input type="checkbox"/> - Add Vehicle <input type="checkbox"/> - Transfer <input type="checkbox"/> - Increase Weight <input type="checkbox"/> - Correction <input type="checkbox"/> - Ownership Change <input type="checkbox"/> - Fleet to Fleet Transfer	TK - Truck (single) DT - Dump Truck TR - Tractor TT - Truck Tractor RT - Road Tractor BS - Bus WR - Tow Truck	All transactions issued a temporary authority are required to pay fees due in a timely manner. All vehicles within an account are subject to suspension if all apportionable fees are not paid.  Registrant's U.S. DOT Number
NAME OF REGISTRANT									
BUSINESS ADDRESS (Do not use P.O. Box)				EMAIL ADDRESS			D - Diesel G - Gasoline P - Propane		
CITY		STATE	ZIP CODE	CITY		STATE			
MAILING ADDRESS									
CITY		STATE	ZIP CODE	CITY		STATE	PHONE NUMBER		

**UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND AT THE WEIGHTS LISTED BELOW. USE SEPARATE PAGE(S) FOR ANY VEHICLE WITH A WEIGHT DIFFERENCE IN ANY JURISDICTION. WEIGHT WILL BE PRINTED ON THE CAB CARDS FOR ALL UNITS LISTED BELOW.**

WEIGHT INFORMATION							
AB (Alberta)	CT (Connecticut)	IN (Indiana)	MI (Michigan)	ND (North Dakota)	NV (Nevada)	QC (Quebec)	VA (Virginia)
AK (Alaska)	DC (Dist. of Col.)	KS (Kansas)	MN (Minnesota)	NE (Nebraska)	NY (New York)	RI (Rhode Island)	VT (Vermont)
AL (Alabama)	DE (Delaware)	KY (Kentucky)	MO (Missouri)	NF (Newfoundland)	OH (Ohio)	SC (South Carolina)	WA (Washington)
AR (Arkansas)	FL (Florida)	LA (Louisiana)	MS (Mississippi)	NH (New Hampshire)	OK (Oklahoma)	SD (South Dakota)	WI (Wisconsin)
AZ (Arizona)	GA (Georgia)	MA (Massachusetts)	MT (Montana)	NJ (New Jersey)	ON (Ontario)	SK (Saskatchewan)	WV (West Virginia)
BC (British Columbia)	IA (Iowa)	MB (Manitoba)	MX (Mexico)	NM (New Mexico)	OR (Oregon)	TN (Tennessee)	WY (Wyoming)
CA (California)	ID (Idaho)	MD (Maryland)	NB (New Brunswick)	NS (Nova Scotia)	PA (Pennsylvania)	TX (Texas)	YT (Yukon)
CO (Colorado)	IL (Illinois)	ME (Maine)	NC (North Carolina)	NT (Northwest Terr.)	PE (Prince Edward Is.)	UT (Utah)	

VEHICLE INFORMATION																				
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
MARYLAND TITLE NUMBER	OWNER UNIT NUMBER	VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	TYPE	POWER UNIT AXLES OR SEATS	TOTAL AXLES INCLUDING TRAILER	TFCF **	UNLADEN WEIGHT	GROSS WEIGHT	PURCHASE PRICE OF VEHICLE	DATE OF PURCHASE MO/DA/YR	DATE OF LEASE MO/DA/YR	*** TEMP AUTH	NAME OF OWNER AS SHOWN ON TITLE	CURRENT MD LICENSE PLATE NUMBER	CARRIER RESPONSIBLE FOR VEHICLE SAFETY			
																	U.S. DOT NUMBER ASSIGNED TO VEHICLE	TAX PAYER IDENTIFICATION NUMBER (EIN, SSN) ASSIGNED TO VEHICLE	WILL THE DESIGNATED CARRIER RESPONSIBLE FOR SAFETY CHANGE DURING THE YEAR?	
																			YES <input type="radio"/>	NO <input type="radio"/>
																			YES <input type="radio"/>	NO <input type="radio"/>
																			YES <input type="radio"/>	NO <input type="radio"/>

DELETED VEHICLE INFORMATION								21 INSURANCE INFORMATION			
1	2	3	4	5	6	7	8	NAME OF INSURANCE COMPANY AS SHOWN ON POLICY			
OWNER EQUIPMENT (UNIT) NUMBER	YEAR	MAKE OF VEHICLE	VEHICLE IDENTIFICATION NUMBER (AS SHOWN ON TITLE)	GROSS WEIGHT	REPLACEMENT EQUIPMENT (UNIT) NUMBER	TITLE NUMBER	REASON REMOVED	POLICY OR BINDER NUMBER			
								CERTIFICATION: By signing this application I certify knowledge of the Federal and State motor carrier safety laws and further certify this fleet is maintained in compliance with the Maryland Preventive Maintenance Program.  INSURANCE: I/we certify under penalty of law that the vehicle noted on the face hereof is covered by at least the minimum amounts of insurance required by the Maryland Motor Vehicle Laws, and further certify that this vehicle will be continuously insured throughout its registration period. This certification may be used for insurance verification purposes.  <b>All Vehicles within an account are subject to suspension if all apportionable fees are not paid.</b>			
								SIGNATURE (Applicant or authorized representatives) CAPACITY DATE			
								MUST BE SIGNED			

For more information, please call: 410-768-7000 (to speak with a customer agent).  
TTY for the hearing impaired: 1-800-492-4575. Visit our website at: [www.MVA.Maryland.gov](http://www.MVA.Maryland.gov)

## INSTRUCTIONS FOR COMPLETING ORIGINAL/SUPPLEMENTAL APPLICATION (SCHEDULE A/C)

### FLEET INFORMATION

- ACCOUNT NUMBER** - Enter the IRP account number assigned by the Maryland Motor Vehicle Administration. This number is assigned when your original application Schedule A/C is filed.
- FLEET NUMBER** - If more than one fleet is registered under the same company name, indicate which fleet number 001, 002, ect., that this application refers to.
- SUPPLEMENT NUMBER** - Start with 001 on first supplement. Number each additional supplement consecutively.
- REGISTRATION YEAR** - Last 2 digits of current registration year.
- NAME OF REGISTRANT** - Name of the person, firm, or corporation requesting apportioned registration.
- BUSINESS ADDRESS** - (Street, city, state, zip code) - where application has an established place of business, telephone, and will maintain and/or make records available for audit.
- MAILING ADDRESS** - (Street, city, state, zip code) - apportioned registration license plates will be sent to this address. All correspondence will be sent to this address. Cannot be a post office box.
- PERSON TO CONTACT** - Name of person to be contacted to resolve problems with application. Include phone number.
- REGISTRANT'S U.S. DOT NUMBER** - Enter the Registrants U.S. DOT Number
- EMAIL ADDRESS** - Enter the email address of contact

### WEIGHT INFORMATION

List weight to be carried in each jurisdiction where Fleet will be apportioned. Limit vehicles on each page to power units and use a separate page if weights in all jurisdictions do not follow the same pattern for each vehicle.

### VEHICLE INFORMATION

1. **MARYLAND TITLE NUMBER** - Maryland title number for each vehicle. If none, Form VR-005, Application for Title, must be submitted with this application.
2. **EQUIPMENT NUMBER** - Arbitrary number assigned by applicant to each unit. Number should be unique for each vehicle.
3. **VEHICLE IDENTIFICATION NUMBER** - Complete VIN as shown on vehicle and listed on the manufacturer's Certificate of Origin or Title.
4. **YEAR OF VEHICLE** - Manufacturer's model year.
5. **MAKE OF VEHICLE** - Manufacturer's make.
6. **VEHICLE TYPE** - See vehicle type abbreviations on front of Schedule.
7. **POWER UNIT AXLES OR BUS SEATS** - Enter the number of axles for each truck or tractor or number of seats for each bus.
8. **TOTAL AXLES INCLUDING TRAILER** - Enter total number of axles including the trailer axles.

### VEHICLE INFORMATION (CONTINUED)

9. **FUEL** - Diesel, Gasoline or Propane: see front of Schedule for fuel abbreviations.
10. **UNLADEN WEIGHT** - Weight of the vehicle without a load.
11. **GROSS WEIGHT** - The unladen (empty) weight of a vehicle plus the weight of the load carried on that vehicle. For a tractor this would be the weight of the tractor plus that part of the weight of a fully loaded semi-trailer resting on the tractor.
12. **PURCHASE PRICE OF VEHICLE** - The actual purchase price of the vehicle (i.e. price paid for the vehicle by the current owner).
13. **DATE OF PURCHASE** - Month, day, and year of purchase.
14. **DATE OF LEASE** - Month, day and year lease initiated.
15. **TEMPORARY AUTHORITY** - Indicate if a 60 day temporary authority is needed. Fee is \$2.00 per vehicle.
16. **NAME OF OWNER** - Name of owner for each vehicle if registrant other than owner. Owner must sign on reverse side of Schedule. No registration for vehicle will be issued without this signature.
17. **CURRENT MARYLAND LICENSE PLATE NUMBER** - If vehicle currently registered in Maryland, list license plate number. NOTE: If vehicle is not new and has never been titled in Maryland, vehicle must be inspected prior to registration.
18. **U.S. DOT NUMBER ASSIGNED TO VEHICLE** - Enter the U.S. DOT number assigned to the vehicle.
19. **TAX PAYER IDENTIFICATION NUMBER (EIN, SSN) ASSIGNED TO VEHICLE** - Enter the Tax Payer identification number assigned to the vehicle.
20. **WILL THE DESIGNATED CARRIER RESPONSIBLE FOR SAFETY CHANGE DURING THE YEAR?** - Check "Yes" or "No"
21. **INSURANCE INFORMATION** - Show name of vehicle liability insurance company as it appears on policy. Also indicate insurance policy or binder number. PLEASE SIGN THE APPLICATION.

### DELETED VEHICLE INFORMATION

1. - 4. Follow the same instructions shown for steps 2-5 of Vehicle Information.
  5. **GROSS WEIGHT** - The unladen (empty) weight of a vehicle plus the weight of the load carried on that vehicle. For a tractor this would be the weight of the tractor plus that part of the weight of a fully loaded semi-trailer resting on the tractor.
  6. **REPLACEMENT EQUIPMENT UNIT #** - Unit number of the vehicle being added in place of the deleted Unit.
  7. **TITLE NUMBER** - Maryland title number for each vehicle.
  8. **REASON REMOVED** - Enter the reason the vehicle is being deleted (i.e. sold, wrecked, junked, fleet transfer, etc.)
- PLEASE SIGN THE APPLICATION.**



Apply to register to vote with your driver's license transaction. For details ask your customer agent.