MARYLAND DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE ADMINISTRATION

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

IRP-B (10-19)

NEW ACCT.	ACCOUNT NUMBER	FLEET NUMBER	SUPP NUMBER	REGISTRATION YR
❑ YES ❑ NO				

Kind of Operation: ❑ Private Carrier ❑ Rental ❑ Haul for Hire ❑ Exempt Commodity ❑ Household Goods Mover

Federal ID No. _____

U.S. DOT No. _____

NAME OF REGISTRANT

BUSINESS ADDRESS (Do not use P.O. Box)

CITY | STATE | ZIP CODE

Temporary Authority: ❑ YES ❑ NO

Unit # _____

**** Please note - temporaries are $2 per vehicle.****

MAILING ADDRESS

CITY | STATE | ZIP CODE

All vehicles within an account are subject to suspension if all apportionable fees are not paid.

CONTACT PERSON | PHONE NUMBER

Enter the actual mileage next to each member jurisdiction for which you are reporting proportional miles. Do not combine the miles of any two or more jurisdictions. First year registrants are not required to report mileage at this time.

JURISDICTION	MILEAGE	JURISDICTION	MILEAGE	JURISDICTION	MILEAGE
Alabama		Manitoba		Ohio	
Alaska		Maryland		Oklahoma	
Alberta		Massachusetts		Ontario	
Arizona		Mexico		Oregon	
Arkansas		Michigan		Pennsylvania	
Brit. Columbia		Minnesota		Prince Ed. Is.	
California		Mississippi		Quebec	
Colorado		Missouri		Rhode Island	
Connecticut		Montana		Saskatchewan	
Delaware		Nebraska		South Carolina	
Dist. Columbia		Nevada		South Dakota	
Florida		Newfoundland		Tennessee	
Georgia		New Brunswick		Texas	
Idaho		New Hampshire		Utah	
Illinois		New Jersey		Vermont	
Indiana		New Mexico		Virginia	
Iowa		New York		Washington	
Kansas		North Carolina		West Virginia	
Kentucky		North Dakota		Wisconsin	
Louisiana		Northwest Terr.		Wyoming	
Maine		Nova Scotia		Total 100% Fleet Miles	

The undersigned certifies that information furnished in this application and the attached schedules are true and correct.

As a Maryland apportioned carrier, I understand for auditing purposes, I am required to preserve operational records on which my application is based for a period of three registration years. I also understand that an acceptable source document used to verify carrier fleet mileage is an "Individual Vehicle Mileage Record" which must contain the trip starting and ending date, trip origin and destination, route or starting and ending odometer/hub odometer reading, total trip miles, miles by each jurisdiction, unit/VIN number, fleet number, trailer number, registrants name and driver's signature or name.

SIGNATURE (Applicant or authorized representative) TITLE DATE

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**

INSTRUCTIONS FOR COMPLETING ORIGINAL MILEAGE (SCHEDULE B)

Name of Registrant	Name of the person, firm, or corporation requesting apportioned registration.
Business Address	(Street, city, zip code)—where applicant has an established place of business and will maintain and/or make records available for audit. Cannot be a post office box.
Mailing Address	(Street, city, state, zip code)—apportioned registration license plates and correspondence will be sent to this address. Cannot be a post office box.
Kind of Operation	Check kind of operation.
Federal ID Number	Enter Federal ID number or Taxpayer Identification Number.
U.S. Dot Number	Enter applicant's U.S. DOT number.
Person to Contact	Name of person to be contacted to resolve problems with application, include phone number.
Mileage	Enter the actual mileage next to each member jurisdiction for which you are reporting proportional miles.
Signature	Signature of person authorized to apply for registration and position held in the company.
Temporary Authority	Receiving a temporary authority makes you responsible for all fees associated with this transaction.

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