

Instructions for completing Forms 1 through 4 of the IRP Application

For general IRP information, please contact the IRP Program Office at 416-235-3923 or 1-866-587-6770 (within Ontario). The IRP Program Office can be reached by fax at 416-235-3924 or 1-866-587-6771 (within Ontario). You can also send e-mail enquiries to: irp@mto.gov.on.ca.

Once completed, you can fax your IRP application forms to any IRP Office, along with supporting documentation for the transaction. Contact the IRP Office to confirm which documents you need to attach to your application.

IRP Office Locations and Contact Numbers:

Barrie:	92 Commerce Park Drive, Unit 4, Barrie, ON L4N 8W8	Phone: (705)739-6368	Fax: (705) 739-6300
Cornwall:	55 Water St W, Ground Floor Suite 130 Cornwall, ON K6J 1A1	Phone: (613) 933-3245	Fax: (613) 933-8237
Hamilton:	2255 Barton St. E Hamilton, ON L8H 7T4	Phone: 905-561-5926 Ext. 212	Fax: 905-561-9684
Kingston:	1355 John Counter Boulevard Kingston, ON K7L 5A3	Phone: (613) 540-5185 or (613) 544-2220 Ext. 4048	Fax: (613) 545-4781
London:	659 Exeter Road London, ON N6E 1L3	Phone: (519) 873-4280	Fax: (519) 873-4270
North Bay:	447 McKeown Avenue North Bay, ON P1B 9S9	Phone: (705) 497-5412	Fax: (705) 497-5533
Ottawa:	3091 Albion Road North, Unit 2 Ottawa, ON K1V 9V9	Phone: (613) 731-2803	Fax: (613) 731-8987
Port Hope:	138 Hope Street N, Port Hope, ON L1A 2P1	Phone: 905-885-8318	Fax: 905-885-4268
Thunder Bay:	615 South James Street Thunder Bay, ON P7E 6P6	Phone: (807) 473-2072	Fax: (807) 473-2133
Toronto:	2680 Keele Street, Building A Downsview, ON M3M 3E6	Phone: 416-235-4774	Fax: 416-235-5299
Waterloo:	500 Weber St N, Unit 3 Waterloo, ON N2L 4E9	Phone: (519) 885-3403	Fax: (519) 885-9937
Windsor:	150 Ouellette Place, Suite 210, Windsor, ON N8X 1L9	Phone: (519) 972-8866	Fax: (519) 972-8341

IRP Application Form 1: Carrier Fleet Information

This form must be completed when:

- *first making application for an Ontario IRP account;*
- *renewing an existing Ontario IRP account or*
- *adding a jurisdiction(s) to a current apportioned registration year;*
- *adding or deleting a vehicle from a fleet;*
- *changing a weight group, or modifying weights;*
- *requesting a plate replacement;*
- *requesting a cab card replacement.*

- 1 **Carrier Account #:** The five (5) digit assigned Ontario account number. Leave this space blank if applying for IRP registration for the first time. New account numbers will be assigned to all new IRP registrants.
- 2 **Fleet #:** If more than one fleet is registered under the same company name, indicate which fleet # 001, 002, etc. this application refers to.
- 3 **Supplement #:** Use 000 for original or renewal application. Start with 001 on first supplement submitted within the registration year. Number each subsequent supplement consecutively.

NOTE: Any supplements requesting the addition of jurisdictions throughout the current fleet year cannot be reversed or cancelled. However, jurisdictions can be changed on the next renewal. The supplement must be paid before any additional supplement can be processed.

- 4 **Effective Date:** The effective registration date of the transaction being applied for.
- 5 **Fleet RIN:** Leave this space blank if applying for IRP registration for the first time. A nine-digit personal identification number assigned by the IRP Office.
- 6 **Reg. Year:** The registration year is based on the expiry date of the fleet application. For example, if a fleet is registered on April 1, 2001, and expires on March 31, 2002, the registration year is 2002.
- 7 **Expiry Date:** The expiry date of the fleet registration. For new fleets, enter the date you would like your new account to expire (minimum 3 months, maximum 12 months). However, this expiry date will remain your expiry date henceforth, and your renewal will always be for 12 months. IRP does not allow renewals for periods less than 12 months.
- 8 **Carrier's Name:** The full legal name of the carrier requesting apportioned registration. (Applicants other than an individual(s) must ensure that their company name has been registered with the appropriate provincial and/or federal agencies before their application can be processed and completed.) This is the name that will appear on the apportioned cab card.
- 9 **Deferred Payment:** Indicate if you would like to defer three quarters of your **Ontario registration fees**, to be paid in quarterly instalments with post-dated cheques. There will be a 12% administration fee. All other jurisdictional fees and taxes must be paid in full (allowed for renewal fleets only).
- 10 **Business Number (BN):** Enter your Business Number. The Business Number (BN) is a new numbering system that replaces the multiple numbers businesses previously needed to conduct business with Canada Customs and Revenue Agency. The BN is a unique number identifying a business and their account and is issued by the federal government. When recording, use only the first 9 digits -- omit any alpha characters.
- 11 **Operating As:** Use this field to indicate the name under which the company is doing business.
- 12 **Contact Person:** The name of the person designated by the carrier to contact regarding the fleet information (usually an employee of the carrier, or a permitting company representative).
NOTE: If this is someone other than the carrier, a letter of authorization must be submitted by the carrier allowing the person to conduct transactions on behalf of the carrier.
- 13 **Mailing Address:** The mailing address is where all correspondence is to be sent including licence plates and cab cards. (A Post Office Box may be used.)

- 14 **Phone #:** For contact person.
- 15 **Fax #:** For contact person.
- 16 **E-mail Address:** For contact person.
- 17 **ON Business Address:** This is where you have an established place of business, and maintain the fleet operational records, and accrued mileage. The business address must be in Ontario and must include a street address or land location. It cannot be only a Post Office Box. An Established Place of Business Questionnaire is required to be completed for all New Fleet and Address Change transactions and must be signed and submitted with your IRP application.
- 18 **Mailing Address:** Insert mailing address if different from the business address. This may contain a Post Office Box number.
- 19 **CVOR #:** This number is mandatory for Ontario and must be provided at the time of registration.
- 20 **Fuel Tax #:** Insert your International Fuel Tax Agreement (IFTA) number here, if applicable. (See number 23, below) If any vehicle in the fleet reports to IFTA under a different account number, record that account number on Form 4, in Section D. This may be the case for owner/operators.
- 21 **Carrier Type:** This describes the type of business the carrier is involved in. Household goods carriers should indicate if they are "For Hire" or "Private".
- 22 **Fleet Transaction:** Check the appropriate box that describes the transaction to be completed.
NF - New Fleet
RF - Renewal Fleet
AF - Amend fleet, including weight group change, addition, deletion, and to add/delete vehicles from the fleet
AJ - Add a jurisdiction to the fleet (use Form 1, Form 2 and Form 3)
DF - Delete Fleet for credit or refund (use only Form 1)
CW - Change Weight, ie: increase or decrease weight during a registration year.
NOTE: Only some jurisdictions allow a weight decrease mid-year, or allow credits/refunds for a weight decrease.
RP – Replace Plate
RC – Replace Cab Card
- 23 **International Fuel Tax Agreement (IFTA):** Declare whether you have applied for IFTA registration, been accepted, or if IFTA registration does not apply to you. This would be the case if all vehicles weigh less than 11,797 kg.
- 24 **Insurance Company:** The insurance company name (not broker) as it appears on the policy.
Policy #: The insurance policy number.
IRP Fleet #: Your IRP fleet number, as it appears above in number 2.
Insurance Expiry Date: The expiry date of the insurance policy.
Name of IRP Registrant: Same as Carrier's Name, above.
Signature and Date: Sign and date the insurance declaration.
- 25 **Authorized Signature:** The application must be signed and dated etc. by either the carrier or a person who is employed by the carrier or a consultant hired by the carrier. He/She is responsible for ensuring that the information listed on the application is correct.

NOTE: If the person signing the application is NOT the contact person and is employed by the carrier or is a consultant hired by the carrier, a letter giving authorization to the person signing the application must be included for our records.

IRP Application Form 2: Fleet Distance Declaration

This form must be completed when:

- *registering a new fleet;*
- *renewing a fleet;*
- *adding a jurisdiction during the registration year.*

- 1 Carrier's Name:** The full legal name of the carrier requesting apportioned registration. Should read the same as Form 1.
- 2 Carrier Account #:** The five (5) digit assigned Ontario account number. Leave this space blank if applying for IRP registration for the first time. Should read the same as Form 1.
- 3 Fleet #:** If more than one fleet is registered under the same company name, indicate which fleet # 001, 002, etc., this application refers to.
- 4 Fleet RIN:** Leave this space blank if applying for IRP registration for the first time. A nine-digit personal identification number assigned by the IRP Office.
- 5 Supplement #:** Use 000 for original or renewal application. Start with 001 on first supplement submitted within the registration year. Number each subsequent supplement consecutively.

NOTE: Any supplements requesting the addition of jurisdictions throughout the current fleet year cannot be reversed or cancelled. However, jurisdictions can be changed on the next renewal. The supplement must be paid before any additional supplement can be processed.

- 6 Distance Km:** All distance for the current registration year should be the actual kilometres driven during the mileage-reporting year, which is the period July 1 through June 30 of the year immediately preceding the registration year. As of September 1, you must use the July to June period immediately preceding your registration year. Show distance for every vehicle in the fleet. Include distances accrued in non-IRP jurisdictions such as the Yukon, Northwest Territories, Nunavut, Alaska and Mexico as your trip permits fees will be taken into consideration when calculating IRP fees.
- 7 Prorate:** Place a 'P' under column "Prorate" to indicate those jurisdictions where you want to operate in the coming registration year, whether actual or estimated. Only these jurisdictions will appear on your Cab Card. Non-IRP jurisdictions will not appear on your cab card.
- 8 Estimated Distance:** Enter an 'E' to indicate that kilometres reported are estimates. Carriers providing estimated distance on an IRP application are required to support these estimates with an Estimated Distance Declaration
<http://www.mto.gov.on.ca/english/trucks/irp/manual/distance.pdf> (see field 10 below).
- 9 Total Distance:** Show the total of actual kilometres and/or estimated kilometres indicated on the distance schedule, and the combined total of actual and estimated distances. You must keep records of the kilometres travelled in each jurisdiction and the total kilometres travelled. These records must be available for audit for seven years (according to Federal legislation on retention of financial records) and for five and one-half years for IRP purposes. See pages 35-36 of the IRP Carrier Manual for more details on the audit records you must keep.

NOTE: Once your distance has been submitted, and a Fee Notice is produced, you cannot amend your distance schedule once paid. If you think the distance you submitted was incorrect, you may request an audit. However, your audit will be added to the normal audit rotation period.

10 Estimated Distance Declaration: An Estimated Distance Declaration is required to be completed (both pages) using either Method 1 or Method 2 as explained on the declaration, it must be signed and submitted with your IRP application.

11 Authorized Signature: The application must be signed and dated etc. by either the carrier or a person who is employed by the carrier or a consultant hired by the carrier. He/She is responsible for ensuring that the information listed on the application is correct.

NOTE: If the person signing the application is NOT the contact person and is employed by the carrier or is a consultant hired by the carrier, a letter giving authorization to the person signing the application must be included for our records.

IRP Application Form 3: Gross Vehicle Weight Schedule

This form must be completed and reflect/match the jurisdictions on Form 2 when:

- registering a new fleet;
- renewing a fleet;
- adding a jurisdiction during the registration year;
- for AV to ensure registered at correct weight;
- adding a new weight group, if vehicles in the fleet need to carry different weights.
(ensure that you assign the vehicle(s) to the new weight group on Form 4 using an AR/DR transaction)

- 1 Carrier's Name:** The full legal name of the carrier requesting apportioned registration. Should read the same as Form 1.
- 2 Carrier Account #:** The five (5) digit assigned Ontario account number. Leave this space blank if applying for IRP registration for the first time. Should read the same as Form 1.
- 3 Weight Group #:** This is a carrier-assigned number to classify groupings of vehicles that will operate with the same gross vehicle weights within the same jurisdictions. Starting with 001, 002, etc., the Vehicle Application allows for listing five (5) vehicles per page.

The following is an example of weight group number assignment.

For example, a fleet has fifty (50) vehicles travelling into five (5) jurisdictions. Assume apportionment was requested for the following weights.

Fleet 001	ON	MB	MI	OH	PA	Weight Group Number
1 vehicle @	36,300 kg	43,000 kg	80,000 lbs	80,000 lbs	80,000 lbs	#001
10 vehicles @	29,500 kg	29,500 kg	65,000 lbs	65,000 lbs	65,000 lbs	#002
19 vehicles @	29,500 kg	36,500 kg	80,000 lbs	80,000 lbs	80,000 lbs	#003
20 vehicles @	29,500 kg	29,500 kg	74,000 lbs	74,000 lbs	74,000 lbs	#004

4 Fleet #: If more than one fleet is registered under the same company name, indicate which fleet # 001, 002, etc., this application refers to.

- 5 **Fleet RIN:** Leave this space blank if applying for IRP registration for the first time. A nine-digit personal identification number assigned by the IRP Office.
- 6 **GVW:** Enter the gross vehicle weight at which you wish to carry for each jurisdiction. Weights for Quebec must be shown in axles.
- 7 **Declaration:** An explanation is required when there is a 10% difference between the lowest and the highest GVW on the weight schedule.

NOTE: Any application with a weight variance greater than 10%, the carrier must explain the reason for the weight differential verifying the actual operating practices. (IRP Agreement Section 508.) The weight variance will not be allowed if it does not reflect actual operations.

- 8 **Maximum Allowable Cab Card Weight:** Check here for each jurisdiction's allowable cab card weight. This is not the actual weight limit for a jurisdiction that allows over-dimensional loads. Permits may be obtained for weights in excess of the maximum allowable cab card weight. Fees are based on gross vehicle weight, so register for only what your vehicles need to carry, ie: DO NOT register for the maximum gross weight if you don't carry it.
- 9 **Authorized Signature:** The application must be signed and dated etc. by either the carrier or a person who is employed by the carrier or a consultant hired by the carrier. He/She is responsible for ensuring that the information listed on the application is correct.

NOTE: If the person signing the application is NOT the contact person and is employed by the carrier or is a consultant hired by the carrier, a letter giving authorization to the person signing the application must be included for our records.

IRP Application Form 4: Vehicle Information (Truck/Trailer)

This form must be completed when:

- *registering a new fleet;*
- *renewing a fleet;*
- *adding or deleting vehicles during a registration year;*
- *adding a new weight group, as vehicles must be assigned to that weight group;*
- *requesting a plate replacement;*
- *requesting a cab card replacement.*

When using these forms to renew a fleet, be sure to indicate those vehicles that are being removed from the fleet by putting a line through the subject vehicles. Use a DV transaction code to indicate the vehicles being removed.

This form is to be used to give detailed information about your unit(s) and it is divided into four (4) sections A, B, C and D. This form must be completed for every transaction except AJ.

- 1 **Reg. YR:** The registration year is based on the expiry date of the fleet application. For example, if a fleet is registered on April 1, 2001, and expires on March 31, 2002, the registration year is 2002.
- 2 **Carrier's Name:** The full legal name of the carrier requesting apportioned registration. Should read the same as Form 1.

3 **Carrier Account #:** The five (5) digit assigned Ontario account number. Leave this space blank if applying for IRP registration for the first time. Should read the same as Form 1.

4 **Supplement #:** Use 000 for original or renewal application. Start with 001 on first supplement submitted within the registration year. Number each subsequent supplement consecutively.

NOTE: Any supplements requesting the addition of jurisdictions throughout the current fleet year cannot be reversed or cancelled. However, jurisdictions can be changed on the next renewal. The supplement must be paid before any additional supplement can be processed.

5 **Fleet RIN:** A nine-digit personal identification number assigned by the IRP Office. Should read the same as all the other forms.

6 **Fleet #:** If more than one fleet is registered under the same company name, indicate which fleet # 001, 002, etc., this application refers to.

7 **Contact Person:** The name of the person designated by the carrier as a contact regarding the fleet information (usually an employee of the carrier, or a permitting company representative).

NOTE: If this is someone other than the carrier, a letter of authorization must be submitted by the carrier allowing the person to complete transactions on behalf of the carrier.

8 **Phone #:** For the contact person.

9 **Fax #:** For the contact person.

10 **Effective Date:** The effective registration date of the transaction being applied for.

SECTION A

11 **Line Number:** Numbered consecutively starting with 1, there are five (5) lines to a page. If the supplement contains more than five units, additional copies of Form 4 must be completed. i.e., the second Form 4, would begin with line number 6, the third Form 4 with line 11, etc.

12 **AR** Add Vehicle Using Credit - Used when doing a transfer or changing vehicle information and used along with the 'DR'. The code would be AR/DR and the information about the deleted vehicle should be entered in Section C.

DR Delete Vehicle Using Credit - Used when doing a transfer, deleting a vehicle and/or changing vehicle information.

AV Add Vehicle - Used for a new fleet, renew fleet and adding a vehicle on to the fleet during the fleet year. On a renewal application, use this code only when a vehicle is actually being added to the renewal fleet. All other vehicles on the fleet will be pre-printed.

DV Delete Vehicle - Used only for cancelling a vehicle from the fleet.

NOTE: When transferring a vehicle from one fleet to another fleet, use DV code to delete the vehicle from the current fleet and use the AV code to add the vehicle to the fleet its being transferred to. This process only applies if transferring credits from the DV to the AV.

13 **Owner's Unit #:** A number assigned to each vehicle by the carrier - it may have up to six (6) characters.

- 14 Weight Group #:** Use a weight group number you have assigned on Form 3 that you want to have applied to the individual vehicle in this field. Do not enter an actual weight in this column.
- 15 Current Plate #:** Enter the plate that is currently on the vehicle. Do not enter out-of-province plate numbers.
- 16 Vehicle Identification Number (VIN):** The serial number of the vehicle being registered. All 1981 and newer vehicles must have seventeen (17) character serial numbers. You must record the complete serial number, not a partial number. Processing will be delayed on applications with incomplete serial numbers.
- 17 Colour:** The primary colour of the vehicle.

BEIGE	BGE	MAROON	MRN
BLACK	BLK	ORANGE	ONG
BLUE	BLU	PURPLE, LAVENDER, MAUVE	PLE
BROWN	BRN	PINK	PNK
BRONZE	BRZ	RED	RED
COPPER	CPR	SILVER, ALUMINUM, STAINLESS STEEL	SIL
CREAM, IVORY	CRM	TAN	TAN
GOLD	GLD	TURQUOISE	TRQ
GREEN	GRN	WHITE	WHI
GREY	GRY	YELLOW	YEL
MULTI-COLOURED	MLT		

- 18 Vehicle Year:** The full year (i.e. 2005) of the vehicle model year being registered.
- 19 Vehicle Make:** The make of the vehicle being registered.
- 20 Fuel Type:** The applicable abbreviation for fuel is to be entered.
D – Diesel **G** – Gasoline **L** - Liquid Propane
- 21 Vehicle Type:** The applicable vehicle abbreviation is to be entered. See Appendix A of the IRP Carrier Manual for diagrams.
- TT = Truck Tractor** - A motor vehicle designed and used primarily for hauling other vehicles, but also constructed to carry a load other than a part of the weight of the vehicle and load so drawn.
- TR = Truck** - A motor vehicle designed, used and maintained primarily for the transportation of goods.
- 22 RIN:** Please indicate the vehicle owner by registrant identification number (RIN) of the owner-operator or leasing company. If the owner-operator has a driver's licence as a RIN, record it here. For those carriers with the computer generated forms, simply allow the numbers to overflow into the next cell, and add the owner-operator's name in the same cell right after the driver's licence number.
- 23 Lessor/Lessee:** If the vehicle is leased from a national leasing company, the name of the lessor and lessee must be recorded.
- Owner/Operator:** The name of the owner of the vehicle, if different from the applicant.

SECTION B

- 24 Line Number:** See Section A, Field 11.
- 25 Truck Axles:** The number of axles on the truck/tractor unit only.
- 26 Trailer Axles:** Total number of axles on trailer.
NOTE: This is for record-keeping purposes only.
- 27 Tare Weight:** The empty weight of the truck/tractor. Check the vehicle registration permit for this number.
- 28 Purchase Price (Cdn \$):** This applies to both owned and leased vehicles, if leased, use the capital cost of the vehicle at the time it was leased and you must include any cost of accessories and/or modifications in Canadian funds.
Purchase Price (US \$): This applies to both owned and leased vehicles as noted above. If the vehicle was purchased in the US, you must use the capital cost of the vehicle at time of purchase or leased and include any cost of accessories and/or modifications in American funds.
NOTE: Submit Bill of Sale if vehicle is owned/submit Lease Agreement if vehicle is leased (again, lease must show the capital cost of the vehicle).
- 29 Date of Purchase/Lease:** If a vehicle is owned, enter the month, day, and year of purchase. If a vehicle is leased, enter the month, day and year that the lease started.
- 30 Factory Price Actual (US \$):** If you register to travel into Colorado, you must provide this information. If you only register for Colorado, please indicate the factory price in US funds of each vehicle with a model year of 2000 or older. If you register for Nevada, the factory price of all vehicles must be indicated.
- 31 Trade-In Value (\$):** The dollar value received for a vehicle traded in on the purchase of the vehicle mentioned in Section A.
- 32 New Plate Required (Yes/No):** Circle "Yes" if a new plate is required or "No" if a change of plate is not required. For those carriers with the computer generated forms, enter 'yes' or 'no' then delete or leave all other cells blank in this field.

SECTION C

- 33 Line Number:** See Section A, Field 11.
- 34 Annual Kilometres over 16,093?:** If you indicate "yes" to prorate in Colorado this field must be completed. Record "Y" (yes) if the total distance this unit travelled during the previous reporting period in all jurisdictions was 16,093 kilometres (10,000 miles) or more. Record "N" (no) if the total distance this unit travelled during the previous reporting period in all jurisdictions was less than 16,093 kilometres (10,000 miles).
- 35 If Transaction Code = Transfer or Delete/Replace:** If the transaction code in Section A (Field 9) is a transfer or exchange (DR/AR), record the vehicle identification number (VIN), fleet RIN (originating fleet), fleet number, plate number, unit number, year and make of the old unit being deleted from the fleet.
- 36 Vehicle Insurance Information:** If the vehicle is not included in the fleet insurance policy indicated on Form 1, complete these fields.

SECTION D

- 37 Line Number:** See Section A, Field 11.
- 38 True Lease:** Is the vehicle leased by the carrier? If so, indicate "YES" in this box. If the vehicle is leased by an owner/operator, indicate "NO" in this box.
- 39 Third Party Lease:** If the vehicle is leased by an owner/operator, put "YES" here. No answer is required if the carrier leases the vehicle directly.
- 40 RIN:** Owner/Operator (if leased vehicle): Indicate the owner/ operator's RIN. Use the full driver's licence number if the owner/operator does not have a 9-digit RIN.
- 41 Owner/Operator's Name:** Indicate the full name of the owner/ operator in this space.
- 42 IFTA Account #:** Indicate the IFTA account number for this vehicle, if it is different from the account number reported on Form 1. This may be the case if an owner/operator is reporting directly to IFTA rather than using the carrier's IFTA account.
- 43 Authorized Signature:** The application must be signed and dated etc. by either the carrier or a person who is employed by the carrier or a consultant hired by the carrier. He/She is responsible for ensuring that the information listed on the application is correct.

NOTE: If the person signing the application is NOT the contact person and is employed by the carrier or is a consultant hired by the carrier, a letter giving authorization to the person signing the application must be included for our records.

FOR INFORMATION PURPOSES ONLY:

Prorated Sales Tax collected at Registration and Renewal: The following jurisdictions now collect a form of prorated sales tax. Prorated sales taxes are collected annually at renewal. Ontario carriers registering vehicles in IRP are now exempt from point-of-sale Provincial Sales Tax for the purchase of trucks and trailers as well as other items. Please contact the Ministry of Finance for further details on the Multi-jurisdictional Vehicle Tax in Ontario or refer to the 809 Tax Guide. You are eligible for tax credits if tax was paid on the vehicle within the last 5 years. Proof of previous registration or sales tax paid in Ontario is sufficient to allow MTO to calculate these credits. A bill of sale or MV-1 (Tax Declaration/Receipt) showing the tax payment is sufficient.

NOTE: Under IRP, sales tax is collected as part of the annual cost to renew in any jurisdiction. However, refunds of amounts paid under previous sales tax mechanisms are based on proof of previous sales tax payment.

No Sales Tax: Alberta does not collect a sales tax.

HST: Quebec, New Brunswick, Nova Scotia and Newfoundland collect a harmonized sales tax.

IRP Application Form 4: Vehicle Information (Bus)

All information is to be completed as per instructions for Form 4 – Truck/Trailer Section with the exception of the following:

SECTION B

- 1 Bus Axles:** The number of axles on the bus.

- 2 **Bus Seats:** The maximum number of passengers that can be transported, including the driver.
- 3 **Tare Weight:** Empty weight of the bus in kilograms (includes seats, body and all accessories that the bus is equipped with for normal highway use).
- 4 **Factory Price Actual (US \$):** If you register to travel into Colorado, you must provide this information. If you only register for Colorado, please indicate the factory price in US funds of each vehicle with a model year of 2000 or older. If you register for Nevada, the factory price of all vehicles must be indicated.
- 5 **Trade-In Value (\$):** The dollar value received for a vehicle traded in on the purchase of the vehicle mentioned in Section A.

SECTION C

- 6 **Bus Code A or C:**
 - A – Buses used for charter and regularly scheduled routes
 - C – Charters only

SECTION D

See instructions for Form 4, Section D, for Truck/Trailer

- 7 **Authorized Signature:** The carrier, a person employed by the carrier or a consultant hired by the carrier, must sign the application. He/She is responsible for ensuring that the information listed on the application is correct. Ensure all supplements are signed and dated.

NOTE: If the person signing the application is NOT the contact person and is employed by the carrier or is a consultant hired by the carrier, a letter giving authorization to the person signing the application must be included for our records.