

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@ontario.ca.

Once completed, you can fax your IRP application forms to any of the following IRP Offices 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:

| Office | Address | Phone | Fax |
|-------------|--|----------------------------|----------------|
| Barrie | 92 Commerce Park Drive, Unit 4, Barrie, ON L4N 8W8 | (705) 739-6368 | (705) 739-6300 |
| Hamilton | 903 Barton St, Unit 1 Stoney Creek, ON L8E 5P5 | (905) 643-7947 Ext. 201 | (905) 643-9923 |
| Kingston | 1355 John Counter Boulevard Kingston, ON K7L 5A3 | (613) 540-5185 | (613) 545-4781 |
| London | 659 Exeter Road London, ON N6E 1L3 | (519) 873-4280 | (519) 873-4270 |
| North Bay | 447 McKeown Avenue North Bay, ON P1B 9S9 | (705) 497-6909 | (705) 497-5406 |
| Ottawa | 3091 Albion Road North, Unit 2 Ottawa, ON K1V 9V9 | (613) 731-2803 | (613) 731-8987 |
| Port Hope | 138 Hope Street N, Port Hope, ON L1A 2P1 | (905) 885-8318 | (905) 885-4268 |
| Thunder Bay | 615 South James Street Thunder Bay, ON P7E 6P6 | (807) 473-2190 | (807) 473-2133 |
| Toronto | 1860 Wilson Avenue Downsview, ON M9M 3A7 | (416) 212-9409 | (416) 212-9443 |
| Waterloo | 500 Weber St N, Unit 3 Waterloo, ON N2L 4E9 | (519) 885-3403 | (519) 885-9937 |
| Windsor | 150 Ouellette Place, Suite 210, Windsor, ON N8X 1L9 | (519) 972-0237 | (519) 972-8341 |

IRP Application Form 1: Carrier Fleet Information

This form must be completed for initial application and all supplemental transactions throughout the registration year.

- 1 Fleet Transaction:** Any supplement at the fleet level should be indicated with the appropriate type of Fleet Transaction. For fleet to fleet transfers, please provide the RIN of the fleet the vehicle is coming from in the "Old RIN" field.
- 2 Pre-Paid:** Indicate with a check mark if you would like to apply for a pre-paid account.
- 3 Carrier Type:** Indicate the type of operation for the carrier as one of:
 - For Hire
 - Private
 - Daily Rental
 - Household Goods/Common Carrier
- 4 Account No.:** 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.
- 5 Fleet No.:** If more than one fleet is registered under the same company name, indicate which fleet # 001, 002, etc. this application refers to. Fleet numbers are unique under an individual account.

- 6 **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.
- 7 **Supp No.(Supplement):** Use 000 for original or renewal application. Start with 001 on first supplement submitted within the registration year. Number each subsequent supplement consecutively.
- 8 **Effective Date:** The effective registration date of the transaction being applied for.
- 9 **Expiry Date:** The expiry date of the fleet registration. For new fleets, 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.
- 10 **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.
- 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 service provider 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 **Telephone No./Cellular No.:** For contact person.
- 14 **Fax No.:** For contact person.
- 15 **E-mail Address (if available):** For contact person.
- 16 **CVOR (Commercial Vehicle Operator's Registration):** This number is mandatory for Ontario and must be provided at the time of registration.
- 17 **IFTA No.:** Enter your International Fuel Tax Agreement (IFTA) number here. If IFTA has been applied for, please check the box; otherwise, leave the field blank if IFTA does not apply to you (when all vehicles have a Gross Volume Weight (GVW) of less than 11,797 kg).

NOTE: Indicate with a check mark "Applied for IFTA" if IFTA is not available.
- 18 **Business No. (From CRA):** Enter your Business Number. The Business Number 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.
- 19 **US DOT:** Please provide your U.S Department of Transportation # here.
- 20 **Business Address (Physical Location in Ontario):** This is where you have an established place of business and maintain the fleet operational records and accrued distance. 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.
- 21 **Mailing Address (If different from Business 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.)
- 22 **Shipping Address and Courier Information:** Provide if applicable
- 23 **Insurance Company:** The insurance company name (not broker) as it appears on the policy.
- 24 **Policy No.:** The insurance policy number.
- 25 **Expiry Date:** The expiry date of the insurance policy.

26 Signature: The application must be signed and dated 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;
- adding a jurisdiction during the registration year.

- 1 Account No.:** 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.
- 2 Fleet No.:** If more than one fleet is registered under the same company name, indicate which fleet # 001, 002, etc., this application refers to.
- 3 Carrier Name:** The full legal name of the carrier requesting apportioned registration. Should read the same as Form 1.
- 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** Place a check mark in the box to the left of each jurisdiction you are applying to apportion.
- 6 Distance (km):** Enter the distance for each jurisdiction in Kilometres.

NOTE: Actual distances are obtained from the IFTA records for the applicable reporting period (July 01 through June 30 of the year immediately preceding your registration year).

- 7 Total Fleet Distance (Km):** Show the total kilometres indicated on the distance schedule. 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 30-31 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.

- 8 Signature:** The application must be signed and dated 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;
- adding a jurisdiction during the registration year;
- changing the properties (weight limits) of a particular weight group;
- adding a new weight group if vehicles in the fleet need to carry different weights.

- 1 Account No.:** 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.
- 2 Fleet No.:** If more than one fleet is registered under the same company name, indicate which fleet # 001, 002, etc., this application refers to.
- 3 Carrier Name:** The full legal name of the carrier requesting apportioned registration. Should read the same as Form 1.
- 4 Weight Group No:** 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 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 |

- 5 **Maximum Allowable Cab Card Weight:** Check here for each jurisdiction's allowable cabcard 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**, i.e. DO NOT register for the maximum gross weight if you do not require.
- 6 **NOTE:** A written explanation verifying the actual operating practices is required when there is a 10% difference between the lowest and the highest GVW on the weight schedule. Please provide it on a separate sheet.
- 7 **Signature:** The application must be signed and dated 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

This form must be completed when:

- registering a new fleet
- adding or deleting vehicles during a registration year
- adding a vehicle at fleet renewal
- adding a new weight group, as vehicles must be assigned to that weight group
- requesting a plate replacement
- requesting a cab card replacement
- Replace vehicle (delete and add)
- Change vehicle (with or without fees)

This form must be completed for every transaction except adding jurisdictions, or changing a weight group's limits.

- 1 Carrier Name:** The full legal name of the carrier requesting apportioned registration. Should read the same as Form 1.
- 2 Account No.:** 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 RIN:** A nine-digit personal identification number assigned by the IRP Office. Should read the same as all the other forms.
- 4 **Supp No.(Supplement):** Use 000 for original or renewal application. Start with 001 on first supplement submitted within the registration year. Number each subsequent supplement consecutively.
- 5 **Fleet No.:** If more than one fleet is registered under the same company name, indicate which fleet # 001, 002, etc., this application refers to.
- 6 **Vehicle Transactions Codes:** Please select the correct transaction code from the list based on the description below:
 - AVE** (Add Vehicle) - Used for a new fleet, adding a vehicle on to the fleet during the fleet year and adding a vehicle at fleet renewal.
 - RTG** (Replace Plate) - Used only for requesting a replacement plate for one that is lost/stolen/damaged.
 - RCC** (Replace Cab Card) - Used to request a new cab card for a unit.
 - DEV** (Delete Vehicle) - Used only for cancelling a vehicle from the fleet.
 - AXF** (Delete Vehicle) Using Credit - Used when transferring plates from one vehicle to another.
 - AXT** (Add Vehicle) Using Credit - Used when transferring plates from one vehicle to another and must be used along with the 'AXF'.
- 7 **TXN Code:** Enter the correct transaction from the list of Vehicle Transaction Codes.
- 8 **VIN No. (Vehicle Identification Number):** 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.
- 9 **Unit No.:** A number assigned to each vehicle by the carrier - it may have up to ten (10) characters.
- 10 **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.
- 11 **Truck Axles:** The number of axles on the truck/tractor/bus unit only.
- 12 **Combined Axles:** Total number of axles on truck and trailer for Quebec. Use the higher combination number if multiple trailers are used.. For example, if a truck travels with a trailer of 2 axles and other times with a trailer of 3 axles, the 3 axles should be added to the truck's axles to get the combined axles.
- 13 **Purchase Price :** 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, or U.S. funds if vehicle was purchased in U.S.
 - 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).
- 14 **Purchase Date:** 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.
- 15 **Year:** The full year (i.e. 2005) of the vehicle model year being registered.
- 16 **Make:** The make of the vehicle being registered
- 17 **Model:** The model of the vehicle being registered.
- 18 **Colour:** The primary colour of the vehicle

| Colour | Code | Colour | Code |
|----------------|------|-----------------------------------|------|
| 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 | | |

19 Fuel Type: The applicable abbreviation for fuel is to be entered.

D - Diesel **G** - Gasoline **L** - Liquid Propane

20 Empty Weight Kg.: The empty weight of the truck/tractor. Check the vehicle registration permit for this number.

21 Weight Grp (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.

22 Plate: Enter the plate that is currently on the vehicle. Do not enter out-of-province plate numbers.

23 Bus Seats: The maximum number of passengers that can be transported including the driver.

24 Ontario Taxable amount: To be filled in if a vehicle transfer of ownership is taking place. Enter the purchase amount on the bill of sale and include any cost of accessories and/or modifications in Canadian funds (or U.S. funds if purchased in the U.S.).

25 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 license as a RIN, please provide.

26 Owner/Operator or Lessor: The name of the owner of the vehicle if different from the applicant.

27 New Plate 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.

28 Replace PER / VAL: Circle appropriate "PER" (Permit) or "VAL" (Valtag). When replacing Valtag only leave "TXN Code" field blank.

Note: The application form SR-LV-6 can also be used when requesting for a replacement of a Vehicle Permit or a Valtag.

Note: Complete the following fields (IFTANo., Insurance PolicNo.#, Insurance company and expiry date) only if it is different from the fleet Information on Form 1.

- 29 IFTA No.:** Indicate the IFTA account number for this vehicle. This may be the case if an owner/operator is reporting directly to IFTA rather than using the carrier's IFTA account.
- 30 Insurance Policy No.:** The insurance policy number for this vehicle.
- 31 Insurance Company Name:** The insurance company name (not broker) as it appears on the policy of this vehicle.
- 32 Expiry Date:** The expiry date of the insurance policy.
- 33 Signature:** The application must be signed and dated 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 record