IRP Application F	orm 1		Pontaria			
CARRIER ACCOUNT NUMBER	ON	FLEET #	SUPPLEMENT #	EFFECTIVE DATE		V. Ontario
FLEET RIN		REG YEAR		EXPIRY DATE		
CARRIER'S NAME (FULL LEGAL NAME)			DEFERRED PAYMENT? E Yes = Y No = N	BUSINESS NUMBER (BN)	FLEET	TRANSACTION
OPERATING AS (IF APPLICABLE)			CARRIER T	YPE	New Fleet (NF)	Add Jurisdiction (AJ)
PERSON TO CONTACT			Private (P)	Daily Rental (R)	Renewal Fleet (RF) Amend Fleet (AF)	Change Weight (CW)
MAILING ADDRESS			For-Hire (H)	Household Goods (M)	Replace Plate (RP)	Repl. Cab Card (RC)
TELEPHONE			International Fuel Tax Me	ember (IFTA)	APPLIED	YES NO
FAX E-MAIL ADDRESS			(for use only where the application	Compulsory Automob nt has registered or is regist		ational Registration Plan (IRP))
ON BUSINESS ADDRESS (PHYSICAL LOCATION)			I hereby certify that the motor v insurance	CERTIFICATE OF vehicle(s) listed on this appli ce made with the insurance	cation is (are) insured	
MAILING ADDRESS			NAME OF INSURANCE CO.			POLICY # NCE EXPIRY DATE
(IF DIFFERENT FROM ABOVE)			IRP FLEET # NAME OF IRP REGISTRANT		INSURAI 0	NCE EXPIRY DATE
CVOR NUMBER			SIGNATURE			DATE
FUEL TAX NUMBER (IFTA)						

I, the undersigned, declare that all requirements for vehicle registration, for insurance and for the payment of all fees and taxes may be required by statute or regulation of those jurisdictions in which travel is intended have been met. I hereby certify that the information furnished in this application and supporting documentation is true and complete. I am fully aware of the requirements and obligations imposed by the International Registration Plan and understand that information contained on these forms may be shared with IRP member jurisdictions, the IRP Clearinghouse and the Ministry of Finance to ensure compliance with the Plan, the Fuel Tax Act, the Gasoline Tax Act, the Retail Sales Tax Act and other jurisdictions' IRP-related requirements. I have obtained consent from each vehicle owner or lessee to provide their respective vehicle information that appears on Form 4, and I have informed each vehicle owner or lessee of the purposes for the collection, uses and disclosures, as indicated above . I maintain an established place of business as required by the International Registration Plan. Information provided in the application form is collected under the authority of regulation 11/04 under the Highway Traffic Act and is used for the purpose of administering the International Registration Plan program. FOR OFFICE USE ONLY For further information please contact the Group Leader - IRP Program Office, 1201 Wilson Avenue, Building C, Room 143, (416) 235-3923 or toll free 1-866-587-6770 for any questions regarding the collection of information

Office Number Operator Number **Business Date**

IRP Application Form 2

FLEET DISTANCE DECLARATION



The reporting period for actual distances is from July 1 to June 30, of the previous year. ESTIMATED distances must reflect REALISTIC travel intended using the Estimated Distance Declaration Form.

CARRIER'S NAME	ACCOUNT NUMBER ON			FLEET #		FLEET RI	EET RINS			SUPP #				
PRORATE JURISDIC	TION		P = Prorat	e E=Es	timate		ALL DISTAN	CES MUST	ORDED IN KM					
JURISDICTION	JUR CODE	DISTANCE KM	PRO- RATE	EST	JURISDICTION	JUR CODE	DISTANCE KM	PRO- RATE	EST	JURISDICTION	JUR CODE	DISTANCE KM	PRO- RATE	EST
Alberta	AB				Delaware	DE				New Jersey	NJ			
British Columbia	BC				Florida	FL				New Mexico	NM			
Manitoba	MB				Georgia	GA				Nevada	NV			
New Brunswick	NB				lowa	IA				New York	NY			
Newfoundland	NL				Idaho	ID				Ohio	ОН			
Nova Scotia	NS				Illinois	IL				Oklahoma	OK			
Northwest Territories	NT		111111		Indiana	IN				Oregon	OR			
Nunavut	NU		111111		Kansas	KS				Pennsylvania	PA			
Ontario	ON				Kentucky	KY				Rhode Island	RI			
Prince Edward Island	PE				Louisiana	LA				South Carolina	SC			
Quebec	QC				Massachusetts	MA				South Dakota	SD			
Saskatchewan	SK				Maryland	MD				Tennessee	TN			
Yukon Territory	YT		111111		Maine	ME				Texas	ТΧ			
	-				Michigan	MI				Utah	UT			
Alaska	AK		111111		Minnesota	MN				Virginia	VA			
Alabama	AL				Missouri	MO				Vermont	VT			
Arkansas	AR				Mississippi	MS				Washington	WA			
Arizona	AZ				Montana	MT				Wisconsin	WI			
California	CA				North Carolina	NC				West Virginia	WV			
Colorado	co				North Dakota	ND				Wyoming	WY			
Connecticut	СТ				Nebraska	NE								
District of Columbia	DC				New Hampshire	NH				Mexico	MX	11111111	<u> </u>	<u> </u>
ESTIMATED DIST. TOTAL:					ACTUAL DIST. TOTAL:			TOTAL DISTANCE: 0						
ESTIMATED DISTANCE PERIOD:, 20to					, 20		ACTU	AL DISTANCE REPORTING PERIOD:, 20 to					, 2	20
MANDATORY ESTIM	MANDATORY ESTIMATED DISTANCE DECLARATION METHOD 1 METHOD 2 (CHECK APPROPRIATE BOX AND ATTACH ESTIMATED DISTANCE DECLARATION FORM)													

IRP Application Form 3

GROSS VEHICLE WEIGHT SCHEDULE

WEIGHT GROUP # :

ON

LB

LB

LB

LB

FLEET RIN

CARRIER'S NAME

Maximum Allowable Cab Card Weight *Enter the weight you need to carry in each jurisdiction. JURISDICTION CODE GVW JURISDICTION CODE GVW JURISDICTION CODE GVW JUR GVW JUR GVW Code Bus Code AB Delaware DE New Jersey NJ AB Alberta KG LB Alberta 63,500 63,500 Maryland MD 80,000 LB New Mexico **British Columbia** BC Florida FL NM KG LB LB British Columbia BC 63.500 63.500 Maine MF 100.000 MB Nevada NV Manitoba MB 63,500 Michigan MI Manitoba KG Georgia GA LB LB 63,500 160,001 New York NB NY NB Minnesota New Brunswick KG lowa IA LB LB New Brunswick 62.500 62.500 MN Inlimited OH Newfoundland NL KG Idaho ID LB Ohio LB Newfoundland NL Missouri 62,500 62,500 MO 80,000 Nova Scotia NS Illinois IL Oklahoma OK Northwest Terr. NT 111111 Mississippi MS KG LB 80.000 Northwest Territories Oregon OR NT TITIT KG Indiana IN LB LB Nova Scotia NS 62,500 62,500 Montana MT 132,000 Pennsylvania Nunavut NU 111111 KG Kansas KS LB PA LB NU Nunavut 111111 North Carolina NC 80 000 Ontario ON KY LB Rhode Island RI KG Kentucky Ontario ON North Dakota 105,500 63,500 40,000 ND Prince Edward Island South Carolina SC PE KG Louisiana LA LB LB Prince Edward Island PE Nebraska NE 62.500 20.500 94.000 Quebec QC AX Massachusetts MA LB South Dakota SD QC Quebec 8 A X 63,500 New Hampshire NH 80,000 SK Saskatchewan MD Tennessee ΤN KG Maryland LB LB Saskatchewan SK 63,500 63,500 New Jersey NJ 80.000 Yukon Territory YT TITTT KG Maine ME ТΧ LB Texas Yukon Territory ΥT 111111 111111 New Mexico NM 80,000 UT Michigan MI LB Utah LB Alaska AK 111111 111111 Nevada NV 80,000 Alaska AK ////// LB Minnesota MN LB Virginia VA LB Alabama AL New York 80.000 NY unlimited Alabama LB Vermont AR Ohio AL Missouri MO LB VT LB ОН Arkansas 80,000 80,000 AR Mississippi MS Washington WA Oklahoma Arkansas LB LB LB ΑZ Arizona 80.000 OK 90.000 ΑZ LB MT LB Wisconsin WI IB Arizona Montana California CA 80,000 Oregon OR 105,500 NC WV California CA LB North Carolina West Virginia LB CO Pennsylvania LB Colorado 80.000 PA 80.000 CO WY Colorado LB North Dakota ND LB Wyoming IB Connecticut СТ unlimited Rhode Island RI 80,000 NE Connecticut CT LB Nebraska LB District of Columbia DC 80.000 South Carolina SC 80.000 District of Columbia DC ΙB New Hampshire NH IB Mexico MX ////////B Delaware DE South Dakota SD 80,000 nlimited Florida FL ΤN 80.000 Tennessee 80.000 Georgia GA Texas ΤХ 80,000 80,000 IA Utah UT unlimited 80.000 IF WEIGHT VARIES 10% IN JURISDICTIONS, PLEASE EXPLAIN Idaho ID Virginia 130,000 VA 80,000 Illinois IL 80.000 Vermont VT 80.000 Indiana IN 80.000 Washington WA 105,500 KS Wisconsin Kansas 85,500 WI 80.000

Authorized Signature

ACCOUNT NUMBER

DATE

Page # <u>1</u> of <u>1</u>

FLEET #

KΥ

IA

80,000

88.000

Minimum GVW for CDN is 11,793.401 kg (except B.C which is 5,500 kg), or 26,000 lbs for U.S.

MA unlimited

West Virginia

Wyoming

Mexico

WV

WY

MX

80,000

117,000

111111

Iowa

Kentucky

Louisiana

Massachusetts

Reg YR2007 Page # 1of 1_ CONTACTO CARRIER'S NAME ACCOUNT NUMBER <on< td=""> SUPP # FLEET RIN FLEET # CONTACT PERSON Vehicle Transaction Code PX - Add Vehicle Brains Code PX - Add</on<>		RP Applica	ation F	Form 4	(Truck/T	railer)		VEHICLE INFORMATION										
Vehicle Transaction Code Vehicle Transaction Code AV - Add Vehicle Mark Add Vehicle Using Credit Re - Replace Plate DV - Delete Vehicle Using Credit RC - Replace Cab Card Line Transaction Code Owner's Unit # Weight Group # Current Plate # Vehicle Identification Number Vehicle Fuel Year Fuel Make Fuel Type Vehicle RIN Owner/Operator or Leasing Company Line Code Unit # Group # Plate # Vehicle Identification Number Vehicle Fuel Veh. RIN Owner/Operator or Leasing Company Vehicle Fuel Vehicle Type Type Type Vehicle Fuel Vehicle							1 1						_					
PH # Fax # AV. Add Vehicle DV. Objective Vehicle DR. Delete Vehicle DR. Concent DV. Objective Vehicle DV. Objective Ve	CARRIER'S NAME						ACCOUNT NU	JMBER ON			SUPP #		FLEET RIN	<u> </u>				
PH # Fax # AR - Add Vehicle Using Credit RP - Replace Plate DR - Delete Vehicle Using Credit RC - Replace Cab Card EFFECTIVE DATE 00-Jan-00 Line Transaction Owner/S Code Weight Group # Current Plate # Vehicle Identification Number (VIN) Vehicle Fuel Puer Veh. RIN Owner/Operator or Leasing Company Leasing Company Image: Section J Image: Section Section J Image: Section J <	CONTACT PERSON						_			Vehicle T	Transaction Co	de						
Section C Owner/S Weight Current Vehicle Identification Number Vehicle Fuel Type RIN Owner/Operator or Line Init # Group # Plate # (VIN) Colour Year Make Type Type RIN Owner/Operator or Line Line Line Line Line Line Line Line No. Make Type Type RIN Owner/Operator or Line	PH # Fax #						_	<mark>AR - Add Ve</mark>	hicle Using	Credit	DR - Delete Ve	hicle Using C	Credit		EFFECTIVE DATE	00-Jan-00		
No. Code Unit # Group # Plate # (VIN) Colour Year Make Type Type Leasing Company Image: Section B Image: Section A Image: Section B Image:	Section A							RP - Replace	e Plate		RC - Replace C	ab Card						
Image: Section B Image: Section B <td< td=""><td colspan="5">, , , , , , , , , , , , , , , , , , ,</td><td></td><td>Colour</td><td></td><td>Make</td><td></td><td colspan="3"></td><td colspan="3"></td></td<>	, , , , , , , , , , , , , , , , , , ,						Colour		Make									
Line Trailer Tare Purchase Amount/Lease Capital Cost Date of Factory Price Trade-In New Plate Required New No. Include Steering Axte Axles Wgt CDN \$ US \$ Purchase/Lease Actual (US \$) Value (\$) Value (\$) Velocity of the control	_					``````````````````````````````````````	,											
Line Trailer Tare Purchase Amount/Lease Capital Cost Date of Factory Price Trade-In New Plate Required New No. Include Steering Axte Axles Wgt CDN \$ US \$ Purchase/Lease Actual (US \$) Value (\$) Value (\$) Velocity of the control																		
Line Trailer Tare Purchase Amount/Lease Capital Cost Date of Factory Price Trade-In New Plate Required New No. Include Steering Axte Axles Wgt CDN \$ US \$ Purchase/Lease Actual (US \$) Value (\$) Value (\$) Velocity eyes or no Plate # Image: Include Steering Axte Axles Wgt CDN \$ US \$ Purchase/Lease Actual (US \$) Value (\$) Velocity eyes or no Plate # Image: Include Steering Axte Axles Wgt CDN \$ US \$ Purchase/Lease Actual (US \$) Value (\$) Velocity eyes or no Plate # Image: Include Steering Axte Axles Wgt CDN \$ US \$ Purchase/Lease Actual (US \$) Value (\$) Velocity eyes or no Plate # Image: Include Steering Axte Image: Imag																		
Line Trailer Tare Purchase Amount/Lease Capital Cost Date of Factory Price Trade-In New Plate Required New No. Include Steering Axle Xales Wgt CDN \$ US \$ Purchase/Lease Actual (US \$) Value (\$) Value (\$) Velow (\$) Plate # Plate # <td>Sect</td> <td>ion B</td> <td></td> <td>(For Office Use Only)</td>	Sect	ion B														(For Office Use Only)		
No. Include Steering Axle Wgt CDN \$ US \$ Purchase/Lease Actual (US \$) Value (\$) circle yes or no Plate # Image: Construction of the steering Axle Image: Construction of the steering Axle Image: Construction of the steering Axle Yes No Plate # Purchase/Lease Actual (US \$) Value (\$) circle yes or no Plate # Plate # Image: Construction of the steering Axle Image: Construction of the steering Axle Image: Construction of the steering Axle Actual (US \$) Value (\$) circle yes or no Plate # Plate # Image: Construction of the steering Axle Image: Construction of the steering Axle Image: Construction of the steering Axle Actual (US \$) Value (\$) circle yes or no Plate # Velice Image: Construction of the steering Axle Velicle Insurance Information of the steering Axle Velice Insuranc	Line Truck Axles Trailer Tare Purchase Amount/Lease Capit					tal Cost	Da	ate of	Factory	Price	Trade-In							
Image: Section C If TRANSACTION CODE = TRANSFER or DELETE/REPLACE VEHICLE INSURANCE INFORMATION Line Annual Km Show information for vehice to be deleted below Vear Make No. Over 16,093? Vehicle Identification Number (VIN) Fleet RIN Fleet # Plate # Unit # Year Make Year Make	No.	Include Steering Axle							ase/Lease				circle yes or no Plate #					
Image: Section C If TRANSACTION CODE = TRANSFER or DELETE/REPLACE VEHICLE INSURANCE INFORMATION Line Annual Km Show information for vehice to be deleted below VEHICLE INSURANCE INFORMATION No. Over 16,093? Vehicle Identification Number (VIN) Fleet RIN Fleet # Plate # Unit # Year Make Year Make																		
Image: Section C IF TRANSACTION CODE = TRANSFER or DELETE/REPLACE VEHICLE INSURANCE INFORMATION Line Annual Km Show information for vehice to be deleted below VEHICLE INSURANCE INFORMATION No. Over 16,093? Vehicle Identification Number (VIN) Fleet RIN Fleet # Plate # Unit # Year Make Year Make Company Name Policy # Expiry Date			+ + + + + + + + + + + + + + + + + + + +															
Section C IF TRANSACTION CODE = TRANSFER or DELETE/REPLACE VEHICLE INSURANCE INFORMATION Line Annual Km Show information for vehice to be deleted below (If different from Fleet Insurance Information) No. Over 16,093? Vehicle Identification Number (VIN) Fleet RIN Fleet # Plate # Unit # Year Make								<u> </u>										
Section C IF TRANSACTION CODE = TRANSFER or DELETE/REPLACE VEHICLE INSURANCE INFORMATION Line Annual Km Show information for vehice to be deleted below (If different from Fleet Insurance Information) No. Over 16,093? Vehicle Identification Number (VIN) Fleet RIN Fleet # Plate # Unit # Year Make																		
Line Annual Km Show information for vehice to be deleted below (If different from Fleet Insurance Information) No. Over 16,093? Vehicle Identification Number (VIN) Fleet RIN Fleet # Plate # Unit # Year Make Company Name Policy # Expiry Date										05		1						
No. Over 16,093? Vehicle Identification Number (VIN) Fleet RIN Fleet # Plate # Unit # Year Make Company Name Policy # Expiry Date								CE										
	_																	
Image: Second system Image: Second system <td< td=""><td></td><td>010110,0001</td><td colspan="2"></td><td>11661 //</td><td></td><td></td><td>i cui</td><td>Marce</td><td></td><td>Comp</td><td></td><td></td><td></td></td<>		010110,0001			11661 //			i cui	Marce		Comp							
Section D SALES TAX - ONTARIO	L	ion D																
							TAX - ONTARI	0			1			EOD				
Line FOR OFFICE USE ONLY No. True Lease Third Party Lease leased vehicle) Owner/Operator's Name IFTA Account # (if different from fleet) Record Stock:						Owner/Operator's Name			IFTA Accou	nt # (if diffe	rent from fleet)	TOR OFFICE USE ONLY						
O Intervision O			muran		.540			Owner/Operators Name							•			
]				
														4				

Authorized Signature	
SR-L-PR 13-4 05-01	

Date _____

City/Town

Prov/State

	RP Applicat	tion Fo	orm 4 (l	Bus)				VEHIC	LE INFOR	RMATION						
					-		Reg YR	R	_	Page #	of	_		D. C	Ontario	
CARF	RIER'S NAME					ACCOUNT N	UMBER ON	1	-	SUPP #		FLEET RIN		FLEET #	Ŀ	
CON	ACT PERSON					-			Vehicle	Transaction	Code			•		
PH #			Fax #			-	AV - Add Ver	nicle		DV - Delete	e Vehicle		EFFECTIVE DATE			
<u>Secti</u>	on A					-	AR - Add Ver RP - Replace		Credit		e Vehicle Using ce Cab Card	Credit				
Line	Line Transaction Owner's Weight Current Vehicle Identified						Vehicle			Fuel	Veh.		Owner/Opera			
No.	Code	Unit #	Group #	Plate #	(VI	N)	Colour	Year	Make	Туре	Туре		Leasing Com	pany		
		_									BS					
										_	BS BS					
		_									BS					
\vdash		-						-		_	BS	1				
											00					
<u>Secti</u>			I _	I						ı _		1			(For Office Use Only)	
Line	Bus	Bus	Tare		Amount/Lease Ca		<u>^</u>	Date of			tory Price	Trade-In Value		e Required	New	
No.	Axles	Axles Seats Wgt CDN \$		US	Purchase/Lease		Actual (US \$)		(\$)	circle yes or no		Plate #				
										_			Yes	No		
													Yes	No		
													Yes Yes	No No		
		-											Yes			
													163	No		
<u>Secti</u>	<u>on C</u>				IF TRANSACTI	ON TYPE = TI	RANSFER	or DELE	TE/REPLA	CE		VEHI	CLE INSURAN	ICE INFORMA	TION	
					w information for v	vehicle to be o	-	-		<u>.</u>	(If different from Fleet Insurance Information)					
No.	Over 16 093?	A or C	Vehicle	Identificatio	n Number (VIN)	Fleet RIN	Fleet #	Plate #	Unit #	Year	Make	Company	Name Policy #		Expiry Date	
										_						
	_															
<u>Secti</u>	on D					TAX - ONTAI	RIO									
Line					vner/Operator (if		10							OFFICE USE	ONLY	
No.	rue Lease Third Party Lease leased vehicle)		O	wner/Operat	or's Name	•	IFTA Ac	count # (if dif	ferent from fleet)	Record Stock						
		_														
		-														
\vdash													1			
\vdash																
				1		l										
Autho	rized Signature					Date		_	City/Tow	n		Prov/State				

ना