

IRP Application Form 1

CARRIER FLEET INFORMATION



CARRIER ACCOUNT NUMBER ON _____ FLEET # _____

SUPPLEMENT # _____ EFFECTIVE DATE _____

FLEET RIN _____ REG YEAR _____

EXPIRY DATE _____

CARRIER'S NAME (FULL LEGAL NAME) _____

DEFERRED PAYMENT? Yes = Y No = N _____ BUSINESS NUMBER (BN) _____

OPERATING AS (IF APPLICABLE) _____

FLEET TRANSACTION

PERSON TO CONTACT _____

CARRIER TYPE

- Private (P)
- Daily Rental (R)
- For-Hire (H)
- Household Goods (M)
- New Fleet (NF)
- Renewal Fleet (RF)
- Amend Fleet (AF)
- Replace Plate (RP)
- Add Jurisdiction (AJ)
- Delete Fleet (DF)
- Change Weight (CW)
- Repl. Cab Card (RC)

MAILING ADDRESS _____

TELEPHONE _____

FAX _____

E-MAIL ADDRESS _____

International Fuel Tax Member (IFTA) APPLIED YES NO

ON BUSINESS ADDRESS (PHYSICAL LOCATION) _____

MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

CVOR NUMBER _____

FUEL TAX NUMBER (IFTA) _____

Compulsory Automobile Insurance Act
(for use only where the applicant has registered or is registering under the International Registration Plan (IRP))

CERTIFICATE OF INSURANCE

I hereby certify that the motor vehicle(s) listed on this application is (are) insured under a contract of automobile insurance made with the insurance company (companies) shown:

NAME OF INSURANCE CO. _____ POLICY # _____

IRP FLEET # _____ INSURANCE EXPIRY DATE _____

NAME OF IRP REGISTRANT _____ 0 _____

SIGNATURE _____ DATE _____

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 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

FOR OFFICE USE ONLY

Office Number _____

Operator Number _____

Business Date _____

Authorized Signature _____

Date _____

City / Town _____

Province / State _____

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 RIN _____ SUPP # _____

PRORATE JURISDICTION

P = Prorate E = Estimate

ALL DISTANCES MUST BE RECORDED 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	_____	_____	_____	Iowa	IA	_____	_____	_____	New York	NY	_____	_____	_____
Newfoundland	NL	_____	_____	_____	Idaho	ID	_____	_____	_____	Ohio	OH	_____	_____	_____
Nova Scotia	NS	_____	_____	_____	Illinois	IL	_____	_____	_____	Oklahoma	OK	_____	_____	_____
Northwest Territories	NT	_____	///////	_____	Indiana	IN	_____	_____	_____	Oregon	OR	_____	_____	_____
Nunavut	NU	_____	///////	_____	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	_____	///////	_____	Maine	ME	_____	_____	_____	Texas	TX	_____	_____	_____
Alaska	AK	_____	///////	_____	Michigan	MI	_____	_____	_____	Utah	UT	_____	_____	_____
Alabama	AL	_____	_____	_____	Minnesota	MN	_____	_____	_____	Virginia	VA	_____	_____	_____
Arkansas	AR	_____	_____	_____	Missouri	MO	_____	_____	_____	Vermont	VT	_____	_____	_____
Arizona	AZ	_____	_____	_____	Mississippi	MS	_____	_____	_____	Washington	WA	_____	_____	_____
California	CA	_____	_____	_____	Montana	MT	_____	_____	_____	Wisconsin	WI	_____	_____	_____
Colorado	CO	_____	_____	_____	North Carolina	NC	_____	_____	_____	West Virginia	WV	_____	_____	_____
Connecticut	CT	_____	_____	_____	North Dakota	ND	_____	_____	_____	Wyoming	WY	_____	_____	_____
District of Columbia	DC	_____	_____	_____	Nebraska	NE	_____	_____	_____	Mexico	MX	/////////	/////////	//////
					New Hampshire	NH	_____	_____	_____					

ESTIMATED DIST. TOTAL: _____

ACTUAL DIST. TOTAL: _____

TOTAL DISTANCE: _____ 0

ESTIMATED DISTANCE PERIOD: _____, 20 _____ to _____, 20 _____

ACTUAL DISTANCE REPORTING PERIOD: _____, 20 _____ to _____, 20 _____

MANDATORY ESTIMATED DISTANCE DECLARATION METHOD 1 METHOD 2 (CHECK APPROPRIATE BOX AND ATTACH ESTIMATED DISTANCE DECLARATION FORM)

Authorized Signature: _____

Date: _____



WEIGHT GROUP #: _____

Page # 1 of 1

CARRIER'S NAME _____

ACCOUNT NUMBER ON _____

FLEET # _____

FLEET RIN _____

Maximum Allowable Cab Card Weight			
JUR	Code	GVW	Bus
Alberta	AB	63,500	63,500
British Columbia	BC	63,500	63,500
Manitoba	MB	63,500	63,500
New Brunswick	NB	62,500	62,500
Newfoundland	NL	62,500	62,500
Northwest Terr.	NT	//////	//////
Nova Scotia	NS	62,500	62,500
Nunavut	NU	//////	//////
Ontario	ON	63,500	40,000
Prince Edward Island	PE	62,500	20,500
Quebec	QC	8 AX	63,500
Saskatchewan	SK	63,500	63,500
Yukon Territory	YT	//////	//////
Alaska	AK	//////	//////
Alabama	AL	80,000	
Arkansas	AR	80,000	
Arizona	AZ	80,000	
California	CA	80,000	
Colorado	CO	80,000	
Connecticut	CT	unlimited	
District of Columbia	DC	80,000	
Delaware	DE	80,000	
Florida	FL	80,000	
Georgia	GA	80,000	
Iowa	IA	unlimited	
Idaho	ID	130,000	
Illinois	IL	80,000	
Indiana	IN	80,000	
Kansas	KS	85,500	
Kentucky	KY	80,000	
Louisiana	LA	88,000	
Massachusetts	MA	unlimited	
Minimum GVW for CDN is 11,793.401 kg (except B.C which is 5,500 kg), or 26,000 lbs for U.S.			

**Enter the weight you need to carry in each jurisdiction.*

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

IF WEIGHT VARIES 10% IN JURISDICTIONS, PLEASE EXPLAIN

Authorized Signature _____ DATE _____

IRP Application Form 4 (Truck/Trailer)

VEHICLE INFORMATION



Reg YR 2007

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CARRIER'S NAME _____

ACCOUNT NUMBER ON _____

SUPP # _____

FLEET RIN _____

FLEET # _____

CONTACT PERSON _____

Vehicle Transaction Code	
AV - Add Vehicle	DV - Delete Vehicle
AR - Add Vehicle Using Credit	DR - Delete Vehicle Using Credit
RP - Replace Plate	RC - Replace Cab Card

PH # _____ Fax # _____

EFFECTIVE DATE 00-Jan-00

Section A

Line No.	Transaction Code	Owner's Unit #	Weight Group #	Current Plate #	Vehicle Identification Number (VIN)	Colour	Vehicle Year	Make	Fuel Type	Veh. Type	RIN	Owner/Operator or Leasing Company

Section B

Line No.	Truck Axles <small>Include Steering Axle</small>	Trailer Axles	Tare Wgt	Purchase Amount/Lease Capital Cost		Date of Purchase/Lease	Factory Price Actual (US \$)	Trade-In Value (\$)	New Plate Required <small>circle yes or no</small>		New Plate #
				CDN \$	US \$				Yes	No	

Section C

Line No.	Annual Km Over 16,093?	IF TRANSACTION CODE = TRANSFER or DELETE/REPLACE <small>Show information for vehicle to be deleted below</small>							VEHICLE INSURANCE INFORMATION <small>(If different from Fleet Insurance Information)</small>		
		Vehicle Identification Number (VIN)	Fleet RIN	Fleet #	Plate #	Unit #	Year	Make	Company Name	Policy #	Expiry Date
0											

Section D

Line No.	SALES TAX - ONTARIO					IFTA Account # (if different from fleet)	FOR OFFICE USE ONLY Record Stock:
	True Lease	Third Party Lease	RIN: Owner/Operator (if leased vehicle)	Owner/Operator's Name			
0							

Authorized Signature _____

Date _____

City/Town _____

Prov/State _____



Reg YR _____

Page # ____ of ____

CARRIER'S NAME _____
 CONTACT PERSON _____
 PH # _____ Fax # _____

ACCOUNT NUMBER ON _____ SUPP # _____ FLEET RIN _____ FLEET # _____

Vehicle Transaction Code	
AV - Add Vehicle AR - Add Vehicle Using Credit RP - Replace Plate	DV - Delete Vehicle DR - Delete Vehicle Using Credit RC - Replace Cab Card

EFFECTIVE DATE _____

Section A

Line No.	Transaction Code	Owner's Unit #	Weight Group #	Current Plate #	Vehicle Identification Number (VIN)	Colour	Vehicle Year	Make	Fuel Type	Veh. Type	RIN	Owner/Operator and / or Leasing Company
										BS		
										BS		
										BS		
										BS		
										BS		

Section B

(For Office Use Only)

Line No.	Bus Axles	Bus Seats	Tare Wgt	Purchase Amount/Lease Capital Cost		Date of Purchase/Lease	Factory Price Actual (US \$)	Trade-In Value (\$)	New Plate Required circle yes or no		New Plate #
				CDN \$	US \$				Yes	No	
									Yes	No	
									Yes	No	
									Yes	No	
									Yes	No	

Section C

IF TRANSACTION TYPE = TRANSFER or DELETE/REPLACE

Show information for vehicle to be deleted below

Line No.	Annual Km Over 16 093?	Bus Code A or C	Vehicle Identification Number (VIN)	Fleet RIN	Fleet #	Plate #	Unit #	Year	Make

VEHICLE INSURANCE INFORMATION
(If different from Fleet Insurance Information)

Company Name	Policy #	Expiry Date

Section D

SALES TAX - ONTARIO

Line No.	True Lease	Third Party Lease	RIN: Owner/Operator (if leased vehicle)	Owner/Operator's Name	IFTA Account # (if different from fleet)

FOR OFFICE USE ONLY
Record Stock:

Authorized Signature _____ Date _____ City/Town _____ Prov/State _____