

Maryland International Registration Plan (IRP)

New Account Application Packet

Business Accounts Only



Personal Accounts Only



Must provide at least 3 of any of the following documents:	Must provide at least 3 of any of the following documents:
<p>Note: To apply all Businesses must provide a certificate of Good Standing with the Maryland State Department of Assessment & Taxation</p> <p>Letter from Maryland State Department of Assessment & Taxation with name and address of the Business Location.</p> <p>A copy of registrant's articles of incorporation on file with the Maryland State Department of Assessment & Taxation.</p> <p>Utility Bill at the address of the business</p> <ul style="list-style-type: none">• Gas, Electric or Oil• Water• Cable• Telephone (land line) <p>Bank or Credit Card Statement at the address of the Business.</p> <p>Property Tax Statement with the address of the business.</p> <p>Federal or Maryland State Income Tax Return of the business not more than 18 months old.</p> <p>Liability Insurance Policy provided by a Maryland Licensed Insurance Company with address of business.</p>	<p>A Valid Maryland Driver License.</p> <p>A Maryland Vehicle Title in the name of the owner.</p> <p>Utility Bill at the address of the owner</p> <ul style="list-style-type: none">• Gas, Electric or Oil• Water• Cable• Telephone Bill (land line) <p>Bank Statement or Credit Card Statement at the address of the owner.</p> <p>Property Tax Statement with address of the owner.</p> <p>Federal or Maryland State Income Tax Return of the owner not more than 18 months old.</p> <p>Liability Insurance Policy provided by a Maryland Licensed Insurance Company with address of owner.</p>

Note: International Registration Plan (IRP) applicants are encouraged to review the plan guidelines at <https://www.irponline.org/general/custom.asp?page=theplan>

IRP CHECK LIST FOR A NEW ACCOUNT

Account Number: _____

- 1) Have you ever been apportioned in another jurisdiction? Yes _____ No _____
- 2) If so, what jurisdiction? _____
- 3) Contact Previous Jurisdiction:
 - i) Jurisdiction Called: _____
 - ii) Contact Name: _____
 - iii) Outstanding Fees Due: _____
 - iv) Violations: _____
 - v) Expiration Date: _____
- 4) Established Place of Business:
 - i) Maryland Address: _____
 - ii) Physical Address: _____
 - iii) Employee Handling: _____
 - iv) Open During Normal Business Hours: _____
- 5) Residency Verification:
 - i) Verified Maryland Drivers Licenses: _____
 - ii) A Copy of the Registrant's Articles of Incorporation on file with the Maryland Department of Assessment & Taxation: _____
 - iii) Utility Bill at the address of the Registrant's: _____
 - iv) Bank or Credit Card at the address of the Registrant's: _____
 - v) A Maryland Title Number in the name and address of the Registrant's: _____
 - vi) Property tax with Maryland address: _____
 - vii) Federal or State Taxes with the Registrant's name on it (Less than 18 Months Old): _____
 - viii) Liability Insurance Policy with the name/address of Registrant's: Yes: _____ No: _____
 - ix) Mortgage Statement or Residential Lease Agreement at address of Registrant shown: _____
 - x) Other: _____ Approve by: _____
- 6) Completed Schedule A/C Form? Yes _____ No _____
- 7) Completed Schedule B: Yes: _____ No: _____
- 8) Signed Copy of Record Keeping Requirements: Yes: _____ No: _____
- 9) Lease Agreement Required (financial or DOT): Yes: _____ No: _____
If so what kind? _____
- 10) Is a State Heavy Highway Tax Form (2290 / Schedule I) Required? Yes: _____ No: _____

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IRP Record Keeping Requirements

All motor carriers are subject to audit and are required to maintain records supporting the distance reported on the IRP registration application for the current and past three registration years. Records that do not meet the following criteria or if no records are produced for audit, an assessment will be imposed of up to 100 percent of the apportionable fees paid for the registration of the fleet in the registration year to which the records pertain.

Acceptable Source Documents

1. Vehicle IRP fleet number
2. Vehicle identification number or vehicle unit number
3. Driver's name
4. Date of the trip (Begin & End)
5. Trip beginning and ending odometer/hubometer readings
6. Trip origin and destination (City and State)
7. Routes of travel
8. Distance traveled in each Jurisdiction
9. Total distance of each trip

For records produced using a global positioning system (GPS) or other vehicle-tracking systems

1. Original GPS or other location data for the vehicle
2. Date and time of each GPS or other system reading
3. Location of each GPS or other system reading
4. Trip beginning and ending odometer/hubometer engine control module (ECM)
5. Calculated distance between each GPS or other system reading
6. Route of the vehicle's travel
7. Total distance traveled by the vehicle
8. Distance traveled in each jurisdiction
9. Vehicle identification number or vehicle unit number

Monthly, Quarterly, Annual Summaries:

1. For each month including both the full distance traveled by each vehicle in the fleet and the distance traveled in the month by each vehicle in each Jurisdiction
2. Fleet's operations for each calendar quarter, which includes both the full distance traveled by Vehicles in the Fleet during the calendar quarter
3. The distance traveled in each Jurisdiction by the Vehicles in the Fleet during the calendar quarter
4. A summary of the quarterly summaries.

I have read and understand my responsibilities regarding record requirements.

Registrant or Authorized Representative's Name and Date

INSTRUCTIONS FOR COMPLETING ORIGINAL/SUPPLEMENTAL APPLICATION (SCHEDULE A/C)

FLEET INFORMATION

- ACCOUNT NUMBER** - Enter the IRP account number assigned by the Maryland Motor Vehicle Administration. This number is assigned when your original application Schedule A/C is filed.
- FLEET NUMBER** - If more than one fleet is registered under the same company name, indicate which fleet number 001, 002, ect., that this application refers to.
- SUPPLEMENT NUMBER** - Start with 001 on first supplement. Number each additional supplement consecutively.
- REGISTRATION YEAR** - Last 2 digits of current registration year.
- NAME OF REGISTRANT** - Name of the person, firm, or corporation requesting apportioned registration.
- BUSINESS ADDRESS** - (Street, city, state, zip code) - where application has an established place of business, telephone, and will maintain and/or make records available for audit.
- MAILING ADDRESS** - (Street, city, state, zip code) - apportioned registration license plates will be sent to this address. All correspondence will be sent to this address. Cannot be a post office box.
- PERSON TO CONTACT** - Name of person to be contacted to resolve problems with application. Include phone number.
- REGISTRANT'S U.S. DOT NUMBER** - Enter the Registrant's U.S. DOT Number
- EMAIL ADDRESS** - Enter the email address of contact

WEIGHT INFORMATION

List weight to be carried in each jurisdiction where Fleet will be apportioned. Limit vehicles on each page to power units and use a separate page if weights in all jurisdictions do not follow the same pattern for each vehicle.

VEHICLE INFORMATION

- MARYLAND TITLE NUMBER** - Maryland title number for each vehicle. If none, Form VR-005, Application for Title, must be submitted with this application.
- EQUIPMENT NUMBER** - Arbitrary number assigned by applicant to each unit. Number should be unique for each vehicle.
- VEHICLE IDENTIFICATION NUMBER** - Complete VIN as shown on vehicle and listed on the manufacturer's Certificate of Origin or Title.
- YEAR OF VEHICLE** - Manufacturer's model year.
- MAKE OF VEHICLE** - Manufacturer's make.
- VEHICLE TYPE** - See vehicle type abbreviations on front of Schedule.
- POWER UNIT AXLES OR BUS SEATS** - Enter the number of axles for each truck or tractor or number of seats for each bus.
- TOTAL AXLES INCLUDING TRAILER** - Enter total number of axles including the trailer axles.

VEHICLE INFORMATION (CONTINUED)

- FUEL** - Diesel, Gasoline or Propane: see front of Schedule for fuel abbreviations.
- UNLADEN WEIGHT** - Weight of the vehicle without a load.
- GROSS WEIGHT** - The unladen (empty) weight of a vehicle plus the weight of the load carried on that vehicle. For a tractor this would be the weight of the tractor plus that part of the weight of a fully loaded semi-trailer resting on the tractor.
- PURCHASE PRICE OF VEHICLE** - The actual purchase price of the vehicle (i.e. price paid for the vehicle by the current owner).
- DATE OF PURCHASE** - Month, day, and year of purchase.
- DATE OF LEASE** - Month, day and year lease initiated.
- TEMPORARY AUTHORITY** - Indicate if a 60 day temporary authority is needed. Fee is \$2.00 per vehicle.
- NAME OF OWNER** - Name of owner for each vehicle if registrant other than owner. Owner must sign on reverse side of Schedule. No registration for vehicle will be issued without this signature.
- CURRENT MARYLAND LICENSE PLATE NUMBER** - If vehicle currently registered in Maryland, list license plate number. NOTE: If vehicle is not new and has never been titled in Maryland, vehicle must be inspected prior to registration.
- U.S. DOT NUMBER ASSIGNED TO VEHICLE** - Enter the U.S. DOT number assigned to the vehicle.
- TAX PAYER IDENTIFICATION NUMBER (EIN, SSN) ASSIGNED TO VEHICLE** - Enter the Tax Payer identification number assigned to the vehicle.
- WILL THE DESIGNATED CARRIER RESPONSIBLE FOR SAFETY CHANGE DURING THE YEAR?** - Check "Yes" or "No"
- INSURANCE INFORMATION** - Show name of vehicle liability insurance company as it appears on policy. Also indicate insurance policy or binder number. PLEASE SIGN THE APPLICATION.

DELETED VEHICLE INFORMATION

- 4. Follow the same instructions shown for steps 2-5 of Vehicle Information.
 - GROSS WEIGHT** - The unladen (empty) weight of a vehicle plus the weight of the load carried on that vehicle. For a tractor this would be the weight of the tractor plus that part of the weight of a fully loaded semi-trailer resting on the tractor.
 - REPLACEMENT EQUIPMENT UNIT #** - Unit number of the vehicle being added in place of the deleted Unit.
 - TITLE NUMBER** - Maryland title number for each vehicle.
 - REASON REMOVED** - Enter the reason the vehicle is being deleted (i.e. sold, wrecked, junked, fleet transfer, etc.)
- PLEASE SIGN THE APPLICATION.**



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



MARYLAND DEPARTMENT OF TRANSPORTATION
MOTOR VEHICLE ADMINISTRATION

IRP-A/C (08-15)

International Registration Plan - Original Supplemental Application (Schedule A/C)

FIVE DIGITS ACCOUNT NUMBER		THREE DIGITS FLEET NUMBER		TWO DIGITS REGISTRATION YR.	
NAME OF REGISTRANT					
BUSINESS ADDRESS (Do not use P.O. Box)					
CITY	STATE	MD	ZIP CODE	PERSON TO CONTACT REGARDING APPLICATION	
MAILING ADDRESS			EMAIL ADDRESS	PHONE NUMBER	
CITY	STATE		ZIP CODE		

**STATE OF MARYLAND
MOTOR VEHICLE ADMINISTRATION
INTERNATIONAL REGISTRATION PLAN
Original / Supplemental Application
Schedule A/C**

1. Please read instructions on back of form before completing application
2. Please print clearly in ink, or type

PERSON TO CONTACT REGARDING APPLICATION

EMAIL ADDRESS

PHONE NUMBER

CITY

STATE

ZIP CODE

PERSON TO CONTACT REGARDING APPLICATION

EMAIL ADDRESS

PHONE NUMBER

CITY

STATE

ZIP CODE

UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND AT THE WEIGHTS LISTED BELOW. USE SEPARATE PAGE(S) FOR ANY VEHICLE WITH A WEIGHT DIFFERENCE IN ANY JURISDICTION. WEIGHT WILL BE PRINTED ON THE CAB CARDS FOR ALL UNITS LISTED BELOW.

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20
MARYLAND EQUIPMENT (UNIT) NUMBER	OWNER UNIT NUMBER	VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	TYPE	POWER UNIT AXLES OR SEATS	TOTAL AXLES INCLUDING TRAILER	UNLOADED WEIGHT	GROSS WEIGHT	PURCHASE PRICE OF VEHICLE	DATE OF PURCHASE MO/DAY/YR	DATE OF LEASE MO/DAY/YR	TEMP AUTH	NAME OF OWNER AS SHOWN ON TITLE	CURRENT MD LICENSE NUMBER	U.S. DOT NUMBER ASSIGNED TO VEHICLE	CARRIER RESPONSIBLE FOR VEHICLE SAFETY	TAX PAYER IDENTIFICATION NUMBER (EIN, SSN)	WILL THE DESIGNATED CARRIER BE RESPONSIBLE FOR SAFETY CHANGE DURING THE YEAR?

21 INSURANCE INFORMATION

NAME OF INSURANCE COMPANY AS SHOWN ON POLICY

POLICY OR ENDORSEMENT NUMBER

REASON REMOVED

DELETED VEHICLE INFORMATION

1	2	3	4	5	6	7	8
OWNER EQUIPMENT (UNIT) NUMBER	YEAR	MAKE OF VEHICLE	VEHICLE IDENTIFICATION NUMBER (AS SHOWN ON TITLE)	GROSS WEIGHT	REPLACEMENT EQUIPMENT (UNIT) NUMBER	TITLE NUMBER	

INSURANCE: I/we certify under penalty of law that the vehicle noted on the face hereof is covered by at least the minimum amounts of insurance required by the Maryland Motor Vehicle Laws, and further certify that this vehicle will be continuously insured throughout its registration period. This certification may be used for insurance verification purposes.

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

SIGNATURE (Applicant or authorized representative) CAPACITY

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 with your driver's license transaction. For details ask your customer agent.



<input type="checkbox"/> YES <input type="checkbox"/> NO	NEW ACCT.	ACCOUNT NUMBER	FLEET NUMBER	SUPP NUMBER	REGISTRATION YR	Kind of Operation: <input type="checkbox"/> Private Carrier <input type="checkbox"/> Rental <input type="checkbox"/> Haul for Hire <input type="checkbox"/> Exempt Commodity <input type="checkbox"/> Household Goods Mover
NAME OF REGISTRANT						Federal ID No. _____
BUSINESS ADDRESS (Do not use P.O. Box)						U.S. DOT No. _____
CITY STATE ZIP CODE						Temporary Authority: <input type="checkbox"/> YES <input type="checkbox"/> NO Unit # _____
MAILING ADDRESS						** Please note - temporaries are \$2 per vehicle.**
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