

1 APPLICANT INFORMATION		
REGISTRANT NAME:		
DBA NAME:		
PHYSICAL ILLINOIS ADDRESS:		
CITY:	IL	ZIP CODE:
ILLINOIS TELEPHONE #:	COUNTY:	
ALTERNATE TELEPHONE #:	FAX #:	
CONTACT PERSON:	EMAIL:	
SPECIAL MAILING ADDRESS		
NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:

2 APPLICANT INFORMATION	
FIRM #:	REG. YR.
FLEET #:	
SUPP #:	NEW APP <input type="checkbox"/>
TRACKING #:	RENEWAL <input type="checkbox"/>
FEE MONTHS:	SUPPLEMENT <input type="checkbox"/>
TYPE OF OPERATION	
HAUL FOR HIRE	<input type="checkbox"/>
PRIVATE CARRIER	<input type="checkbox"/>
RENTAL COMPANY	<input type="checkbox"/>
HOUSEHOLD GOODS (FOR HIRE)	<input type="checkbox"/>
HOUSEHOLD GOODS (PRIVATE)	<input type="checkbox"/>

APPLICANT BUSINESS INFORMATION		
YOUR USDOT #: (if applicable)	FEIN #:	IS THIS A NEW FLEET? <input type="checkbox"/> YES <input type="checkbox"/> NO
USDOT # SAFETY CARRIER: (if entire fleet)	CHANGE IN NEXT 12 MONTHS? <input type="checkbox"/> YES <input type="checkbox"/> NO	TIN OF SAFETY CARRIER: (Taxpayer Identification Number)
WYOMING INTRASTATE AUTHORITY <input type="checkbox"/> YES <input type="checkbox"/> NO M# _____		ICC #
IL CORPORATION #	CORPORATION JURISDICTION: (if incorporated in a foreign jurisdiction)	ILCC #:
FUEL TAX #:	FUEL TAX JURIS:	IL DRIVER'S LICENSE # (if an individual)
INSURANCE COMPANY: (not broker or agent)	POLICY #:	EXPIRATION DATE:

3 The undersigned, under oath, affirms under penalty of perjury of the laws of the State of Illinois in regard to making a false declaration to a public official, that the information contained on this form and all future registration form(s) for the above referenced year, will be true and correct and that the vehicles contained thereon will abide by the mandatory insurance law requiring liability insurance throughout the registration period, and that proper vehicle financial responsibility will be in effect and maintained on those vehicles. I/We hereby declare if the jurisdiction boxes are not complete that I have no actual distance to report. I/we agree to the use of the Average Per Vehicle Distance by the Commercial & Farm Truck Division to calculate my registration fees as a new applicant. I/We hereby declare that I/we have knowledge of the Federal Motor Carrier Safety Regulations (49 CFR parts 40 and 382, 383, 385, 386, 387 and 388), including highway-related portions of the Federal Hazardous Materials Regulations (49 CFR 107, 171-173, 177, 178 and 180) or compatible state rules, regulations, standards and orders applicable to Motor Carrier Safety including Highway Transportation and Hazardous Materials. I/We understand that I/we are required to preserve the individual vehicle distance records and source documents on which my International Registration Plan registrations are based for a period not less than three years and will comply with that requirement even if the entity above ceases to exist.

Signature:	Title:	Date:
Remitter/Agent Signature:	Remitter #:	

FOR OFFICE USE ONLY

(attached copy of change)

STATE OF ILLINOIS (IRP) INTERNATIONAL REGISTRATION PLAN APPLICATION

Please fill out completely.

INSTRUCTIONS FOR COMPLETING DISTANCE / WEIGHT SCHEDULE:

FIRM # _____ FLEET # _____

FOR ALL FIRST TIME APPLICANTS, INDICATE THE DISTANCE FROM THE "AVERAGE PER VEHICLE DISTANCE CHART" (VSD 646) FOR EACH JURISDICTION. FOR RENEWALS, INDICATE THE ACTUAL PER VEHICLE DISTANCE ACCRUED IN ANY JURISDICTION. ACTUAL PER VEHICLE DISTANCE MUST ALWAYS BE REPORTED FOR ALL JURISDICTIONS WHERE ACCRUED. MARK THE ACT/EST COLUMN WITH AN "A" FOR ACTUAL DISTANCE OR "E" FOR AVERAGE PER VEHICLE DISTANCE. INSERT THE COMBINED GROSS WEIGHT FOR EACH JURISDICTION. FOR QUEBEC, ENTER TOTAL AXLES (INCLUDING TRAILER). INDICATE TOTAL ACTUAL FLEET DISTANCE IN THE APPROPRIATE BOX. INDICATE AN EXISTING WEIGHT GROUP NUMBER IN THE APPROPRIATE BOX (IF KNOWN). YOU MUST LIST AN INDIVIDUAL JURISDICTIONAL WEIGHT IF NO WEIGHT GROUP IS KNOWN. FOR MORE THAN ONE WEIGHT GROUP, PLEASE FILL OUT ADDITIONAL SCHEDULES.

TOTAL ACTUAL FLEET DISTANCE:

WEIGHT GROUP (IF KNOWN):

JURISDICTIONAL INFORMATION DISTANCE/WEIGHT								
JURISDICTION	ACT/EST	DISTANCE	WEIGHT		JURISDICTION	ACT/EST	DISTANCE	WEIGHT
AB (ALBERTA)					ND (NORTH DAKOTA)			
AL (ALABAMA)					NE (NEBRASKA)			
AR (ARKANSAS)					NH (NEW HAMPSHIRE)			
AZ (ARIZONA)					NJ (NEW JERSEY)			
BC (BRITISH COLUMBIA)					NL (NEWFOUNDLAND-LABRADOR)			
CA (CALIFORNIA)					NM (NEW MEXICO)			
CO (COLORADO)					NS (NOVA SCOTIA)			
CT (CONNECTICUT)					NV (NEVADA)			
DC (DISTRICT OF COLUMBIA)					NY (NEW YORK)			
DE (DELAWARE)					OH (OHIO)			
FL (FLORIDA)					OK (OKLAHOMA)			
GA (GEORGIA)					ON (ONTARIO)			
IA (IOWA)					OR (OREGON)			
ID (IDAHO)					PA (PENNSYLVANIA)			
IL (ILLINOIS)					PE (PRINCE EDWARD ISLAND)			
IN (INDIANA)					QC (QUEBEC)			AXLES:
KS (KANSAS)					RI (RHODE ISLAND)			
KY (KENTUCKY)					SC (SOUTH CAROLINA)			
LA (LOUISIANA)					SD (SOUTH DAKOTA)			
MA (MASSACHUSETTS)					SK (SASKATCHEWAN)			
MB (MANITOBA)					TN (TENNESSEE)			
MD (MARYLAND)					TX (TEXAS)			
ME (MAINE)					UT (UTAH)			
MI (MICHIGAN)					VA (VIRGINIA)			
MN (MINNESOTA)					VT (VERMONT)			
MO (MISSOURI)					WA (WASHINGTON)			
MS (MISSISSIPPI)					WI (WISCONSIN)			
MT (MONTANA)					WV (WEST VIRGINIA)			
NB (NEW BRUNSWICK)					WY (WYOMING)			
NC (NORTH CAROLINA)					ALL JURISDICTIONS WILL BE INCLUDED ON YOUR REGISTRATION IDENTIFICATION CARD.			

STATE OF ILLINOIS (IRP) INTERNATIONAL REGISTRATION PLAN APPLICATION

Please fill out completely.

INSTRUCTIONS FOR COMPLETING VEHICLE INFORMATION SCHEDULE:

FIRM # _____ FLEET # _____

PLEASE LIST UP TO 5 VEHICLES WHEN COMPLETING FORM FOR ADDITIONS. TRANSFERS/CORRECTIONS USE FIRST VEHICLE AREA FOR OLD/TRANSFER FROM INFORMATION AND SECOND VEHICLE AREA FOR NEW/TRANSFER TO INFORMATION. FOR VEHICLES IN MORE THAN ONE WEIGHT GROUP, SUBMIT AN ADDITIONAL SCHEDULE. PLEASE READ INSTRUCTIONS ON PAGE 4 FOR FILLING OUT VEHICLE INFORMATION PROPERLY. FOR REGISTRATION IN QUEBEC, LIST THE NUMBER OF AXLES IN THE QC AXLE COLUMN INCLUDING TRAILERS. DO NOT LEAVE FIELDS BLANK. IF INFORMATION DOESN'T APPLY, PUT N/A. FOR MORE VEHICLES, USE AN ADDITIONAL SCHEDULE.

WEIGHT GROUP # (if known):		ADD/RENEW	TRANSFER FROM	TRANSFER TO	REPLACE PLATE	REPLACE CARD	RECLASS	CORRECTION	SHV PERMIT	CURRENT PLATE NUMBER	VIN (VEHICLE IDENTIFICATION NUMBER)	YEAR	MAKE	TYPE	AXLE/SEATS	QC AXLES	FUEL	UNLADEN WEIGHT	PURCHASE DATE	PURCHASE PRICE	FACTORY PRICE	
	UNIT NUMBER																					
VEHICLE 1																						
TEMP #:		LESSOR NAME →										LESSOR USDOT# →				SAFETY USDOT# →						
DATE ISSUED:		LESSOR ADDRESS →										SAFETY TIN →				CHANGE NEXT 12 MOS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	HVUT <input type="checkbox"/>			
VEHICLE 2																						
TEMP #:		LESSOR NAME →										LESSOR USDOT# →				SAFETY USDOT# →						
DATE ISSUED:		LESSOR ADDRESS →										SAFETY TIN →				CHANGE NEXT 12 MOS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	HVUT <input type="checkbox"/>			
VEHICLE 3																						
TEMP #:		LESSOR NAME →										LESSOR USDOT# →				SAFETY USDOT# →						
DATE ISSUED:		LESSOR ADDRESS →										SAFETY TIN →				CHANGE NEXT 12 MOS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	HVUT <input type="checkbox"/>			
VEHICLE 4																						
TEMP #:		LESSOR NAME →										LESSOR USDOT# →				SAFETY USDOT# →						
DATE ISSUED:		LESSOR ADDRESS →										SAFETY TIN →				CHANGE NEXT 12 MOS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	HVUT <input type="checkbox"/>			
VEHICLE 5																						
TEMP #:		LESSOR NAME →										LESSOR USDOT# →				SAFETY USDOT# →						
DATE ISSUED:		LESSOR ADDRESS →										SAFETY TIN →				CHANGE NEXT 12 MOS?		<input type="checkbox"/> YES <input type="checkbox"/> NO	HVUT <input type="checkbox"/>			

STATE OF ILLINOIS
(IRP) INTERNATIONAL REGISTRATION PLAN APPLICATION

(PAGE 4) ____ of ____

REG. YR.: _____ FIRM #: _____ FLEET # _____ SUPPLEMENT #: _____

INSTRUCTIONS FOR COMPLETION OF APPLICATION

PAGE 1 – APPLICANT – APPLICATION INFORMATION – APPLICANT BUSINESS INFORMATION SCHEDULE

1. Part 1 – Fill out complete name, DBA name (if any) and physical Illinois address.
List applicable telephone numbers and name for contact. If a special mailing address is needed (different from physical location), enter where mail is to be sent. In the Business Information section, list the applicant's USDOT number (only if the applicant and the carrier responsible for safety are one and the same) and registrant FEIN number. List the USDOT number of the carrier responsible for safety and the TIN (taxpayer identification number) ONLY if for entire fleet (individual vehicle information comes later). Enter other identifying program/information numbers as requested. If you are incorporated in a foreign jurisdiction, list that jurisdiction. Check yes or no if you are opening a new fleet. Only individuals need list a driver's license number.
2. Part 2 – If you are a new applicant, your firm and fleet number will be assigned to you. If you know your firm and fleet, please enter it. Please indicate the registration year of this application. Registration year is based upon plate expiration. Please indicate type and purpose of application and type of operation for the applicant.
3. Part 3 – Read entirely. Sign application when completed. Unsigned applications may not be processed. Any assistance from an agent or licensed remitter must also display a signature from that entity. License number is required.

PAGE 2 – DISTANCE AND WEIGHT INFORMATION SCHEDULE

1. List firm and fleet number (if known).
2. For actual distance reporting, put total actual fleet distance in appropriate box.
3. If all vehicles will be added into an existing weight group, list that weight group number and skip individual jurisdictional entry. For more than one weight group, use additional schedules.
4. For first time applicants to utilize Average Per Vehicle distances, use chart in publication VSD 646 for ALL jurisdictions. Mark "E" in the Act/Est column. List the distance of that jurisdiction and list a weight. For QC, list axles, including trailers. Business plans are no longer accepted in lieu of the Average Per Vehicle Distance Chart. If importing actual distance from another jurisdiction, it is not a "first time" application.
5. For renewal applicants to report actual distance, mark "A" in the Act/Est column for those jurisdictions where distances were accrued. List the distance of that jurisdiction and show a weight. For QC, list axles, including trailers. This process is also for imported actual distance from another jurisdiction.
6. To add a new weight group, only list the weights desired in ALL jurisdictions. Distances are not required at that time.

PAGE 3 – VEHICLE INFORMATION SCHEDULE

1. List firm and fleet number (if known).
2. Separate your vehicles into transaction types within the same weight group. Use additional schedules when necessary.
3. Show weight group (if known). If creating a new weight group, leave blank.
4. Use one vehicle area for a "transfer from" vehicle, and the next vehicle area below for the "transfer to" vehicle information or for making vehicle information corrections.
5. List any Illinois IRP 45-day temporary apportionment authorization permits and date of issuance.
6. Fill out vehicle information completely. Missing or incomplete information will slow down processing. Each vehicle must show the USDOT # of the carrier responsible for safety, the TIN (Taxpayer Identification Number) of that carrier and answer whether or not it may change in the next 12 months. HVUT is for office use only.
7. If there is a lessor (different owner than the registrant), the name, address and USDOT # must be listed.
8. If you do not know the factory price of your vehicle, you may list the purchase price a second time or leave blank.
9. Each vehicle must be given or have a unique unit number. Unit numbers may not be duplicated or reused during a registration year.
10. Applicable fuel types and vehicle types are found in the Instruction Manual.
11. For vehicles travelling in QC (Quebec), the number of axles, including trailers, must be shown.
12. For information on proper supporting documentation to accompany this application, please consult the IRP Instruction Manual.

**MAIL THIS COMPLETED APPLICATION (ALL PAGES) TO:
OFFICE OF THE SECRETARY OF STATE
COMMERCIAL & FARM TRUCK DIVISION
300 HOWLETT BUILDING, 501 S. 2ND ST.
SPRINGFIELD, ILLINOIS 62756**

**TO PROCESS IN PERSON, AN APPOINTMENT IS REQUIRED
FOR PHONE INQUIRIES OR TO MAKE AN APPOINTMENT:
(217) 785-1800 OR (217) 785-4815
FOR COMPLETE INSTRUCTIONS, SEE THE IRP INSTRUCTION MANUAL (CFT IRP 25)
THAT CAN BE OBTAINED FROM OUR WEBSITE
www.cyberdriveillinois.com**