

**STATE OF ILLINOIS
IRP (INTERNATIONAL REGISTRATION PLAN) APPLICATION**

Registration Year _____ Firm Number _____ Fleet Number _____ Supp. Number _____ Fee Months _____ Track Number _____

NAME		
DBA		
STREET		
CITY	STATE	ZIP
COUNTY	PHONE ()	
CONTACT	ALT. PHONE NO.	FAX NO.

MAILING ADDRESS		
NAME		
STREET		
CITY	STATE	ZIP
USDOT#	IL CORP #	

Type of Operation (check one): _____ HAUL FOR HIRE
 _____ PRIVATE CARRIER
 _____ RENTAL COMPANY
 _____ HOUSEHOLD GOODS (PRIVATE)
 _____ HOUSEHOLD GOODS (FOR-HIRE)

WYOMING INTRASTATE AUTHORITY (Y/N) _____

ICC # _____

Illinois ICC # _____

Fuel Tax # _____

Federal Employer's ID # _____ Driver's License # _____ WEIGHT GROUP # _____ # OF UNITS _____ ARE YOU CHANGING WEIGHTS? Yes No

Juris	Weight	Juris	Weight	Juris	Weight	Juris	Weight	Juris	Weight	Juris	Weight	Juris	Weight	Juris	Weight	Juris	Weight	Juris	Weight
AB		AL		AR		AZ		BC		CA		CO		CT		DC		DE	
FL		GA		IA		ID		IL		IN		KS		KY		LA		MA	
MB		MD		ME		MI		MN		MO		MS		MT		NB		NC	
ND		NE		NF		NH		NJ		NM		NS		NV		NY		OH	
OK		ON		OR		PA		PE		QC		RI		SC		SD		SK	
TN		TX		UT		VA		VT		WA		WI		WV		WY		QC AXLES	

TEMP. PERMIT NUMBER & DATE ISSUED	ADD/RENEW	TRANSFER FROM	TRANSFER TO	REPLACE PLATES	REPLACE CARD	RECLASS	CORRECTION	SHV PERMIT	UNIT NUMBER	VEHICLE IDENTIFICATION NUMBER	HWUT	YEAR	MAKE	TYPE	AXLE SEAT	FUEL	UNLADEN WEIGHT	PURCHASE PRICE	FACTORY PRICE	PURCHASE DATE	LESSOR NAME	CURRENT PLATE NUMBER	

Office of the Secretary of State
 Commercial & Farm Truck Division
 300 Howlett Building, 501 S. Second St.
 Springfield, IL 62756
 Inquiries: 217-782-4815 or 217-782-4816
 Appointments: 217-524-4425

Secretary of State Website: www.cyberdriveillinois.com
 Insurance Co: _____
 Policy #: _____ Exp. Date: _____

I hereby affirm the information provided is true and correct and, if applicable, will abide by the Mandatory Insurance Law requiring liability insurance throughout the registration period.

Signature _____ Title _____ Date _____
 Remitter/Agent (if applicable) _____ Number _____

Firm # _____ Fleet # _____ Supp. # _____

Is this a New Fleet? Yes No

1) Mark the "APP" column with a "Y" for IRP jurisdictions where registration is desired. The jurisdictions with an "N" indicated are NON-IRP jurisdictions; you may estimate in these jurisdictions on a first-time application only. 2) Mark the "ACT/EST" column with "A" for actual distance accrued in the preceding reporting period, "1E" for first year estimated distance, or "2E" for second year estimated distance. When estimating distance you must use the estimated distance charts found in your IRP Instruction Manual. 3) List distance accrued in each jurisdiction in which this fleet traveled during July 1 through June 30.

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

TOTAL FLEET DISTANCE _____