



Secretary of State
“Schedule G” for First-Year IRP Applicants or
Business Operational Changes

This space for use by
Secretary of State.

Secretary of State
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Distance records on which this application is based must be retained for a period of three years after the expiration of each registration year (total of five years and nine months). Retention of records is very important to avoid excessive penalties that may arise during audit examination.

Name: _____ FEIN: _____

Address: _____ City/State/ZIP: _____

Telephone #: _____ Additional Telephone #: _____

Prior to the issuance of your registration, the Office of the Secretary of State, pursuant to 625 ILCS, Sections 5/2-110 and 5/3-405, requires the following questions to be completed in full. For any question requiring additional information, additional sheets may be attached. Information provided may require further verification. The Office of the Secretary of State reserves the right to request documentation for substantiation and verification. For current IRP firms, please only complete questions regarding the part of your operations that has changed from the previous filing.

Part I, Vehicle Registration Information

1. Indicate how these vehicles were registered previously (includes those under your ownership and leased to another company). If an existing registrant making changes in business operations, select A. If newly purchased, skip to E; attach additional sheets if necessary. If vehicles were not registered, explain in F.

A. **Existing IRP Registrant – Business Operations Change Only** - Firm #: _____

B. **Illinois base plate** - Name and Plate #: _____

C. **Illinois IRP plate** - Name and Plate #: _____

D. **Foreign plate** - (out of state) - State of Issuance: _____

Foreign base plate - Name and Plate #: _____

Foreign IRP plate - Name and Plate #: _____

E. **New Purchase** - (Vehicles recently purchased or not in your possession in the previous registration year.)

Purchased from: _____

Relationship to applicant (if any): _____

F. **Other** - Explain in detail. _____

2. Have you ever had IRP registration in Illinois or any other jurisdiction? YES NO

If yes, please indicate the Name, Jurisdiction and Firm/Account #: _____

3. Have you been associated with any company or individual during the past three years that was apportioned in Illinois or any other jurisdiction? YES NO

If yes, Name and Jurisdiction: _____

4. Have you ever been denied registration? YES NO

If yes, explain: _____

5. Have you ever had your registration suspended or revoked? YES NO

If yes, explain: _____

6. Is your vehicle(s) presently leased to any individual or company? YES NO

If yes, Name, Address and Phone Number of Lessee: _____

If you are not presently leasing or leased to anyone but have inquired about potentially leasing to someone, indicate the Name, Address, USDOT Number and Phone Number of the entity and list a contact person.

Part II, Business Ownership Information

Please explain about your business ownership and those persons associated with the operations, if any.

- 1. Business Type - Individual or Proprietorship (includes Owner/Operator)
- Partnership
- Company
- Corporation – IL Corporation Number or State of Incorporation if foreign: _____
A copy of a "Certificate of Good Standing" is required for a foreign corporation.
- Limited Liability Company (LLC) - IL LLC Number or State if foreign: _____
A copy of a "Certificate of Good Standing" is required for a foreign LLC.
- Other – Describe _____

2. Please list the Name, Address and Phone Number of any person (including yourself), officer, partner, spouse, family member, trustee, or other entity (including other business names or corporations) that have more than a 10% ownership stake in this business:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Please attach additional sheets, if necessary.

3. Have any of the other named parties in Part II, #2 had IRP based in IL or any other Jurisdiction? YES NO

If yes, give Firm/Account Number(s) and Jurisdiction(s): _____

4. Have any of the other named parties in Part II, #2 ever been denied registration by any Jurisdiction? YES NO

If yes, give Jurisdiction and explain: _____

5. Have any of the named parties in Part II, #2 ever been audited for IRP by any Jurisdiction? YES NO

If yes, approximate date/Jurisdiction: _____

6. Is the business address a personal residence? YES NO

If yes, Name and relationship to registrant: _____

Part III, Driver Information

Please explain who will be operating your vehicles.

1. Are you the driver of the vehicle(s)? YES NO

If yes, Driver's License #: _____ State of Issuance: _____ CDL YES NO

Will you employ a fleet of drivers (more than yourself)? YES NO

If yes and more than one driver, list all potential driver information on an additional sheet.

2. Has any driver or potential driver listed had his/her license suspended or revoked? YES NO

If yes, give Jurisdiction and explain: _____

Part IV, USDOT and Authority Information

Please be specific on the requested information. If further explanation is necessary, please attach an additional sheet.

1. **USDOT Number** responsible for safety: _____ FEIN of entity: _____

Name(s) and Address(es) of carrier whose USDOT Number is responsible for Safety:

If more than one USDOT number or carrier is responsible for the safety of your vehicle(s), please use an additional sheet to list all.

USDOT Type Business:

Motor Carrier Broker Freight Forwarder Hazardous Material Shipper Cargo Tank Facility

Operating Authority Number you will be working under (if any) #: _____

Jurisdiction of Issue: _____ Is this your authority? YES NO

If No, Name and Address of Authority Holder: _____

Could the USDOT Number for Safety change in the next 12 months? YES NO

2. Has anyone listed in Part II, #2 ever had a USDOT Number of his/her own? YES NO

If yes, give USDOT Number and explain: _____

3. Has there ever been an "Out-of-Service" or unsatisfactory/unfit order applied to you, your vehicles or any business or vehicles associated with any of the named parties in Part II, # 2? YES NO

If yes, give dates and explain: _____

4. Have you or any of your vehicles been cited by any Jurisdiction for safety violations? YES NO

If yes, explain violation, date and resolution: _____

5. Do you secure loads through a Broker? YES NO

If yes, give Broker's Name, Address and Phone Number: _____

6. Have you updated your MCS-150 Form recently or to reflect the proper USDOT business type? YES NO

If yes, date of update: _____

Please be advised that applications will not be processed and issued registration without proof that they are either a Carrier or leased to a Carrier who has a valid USDOT Number for Safety Operations. You may be asked to provide proof of that Carrier's USDOT Number and FEIN to obtain registration.

Part V, Business Plan for Operations

1. Provide a detailed business plan of your operations for Apportioned registration. (A detailed answer is required. Registration may be denied if not adequately answered. Attach additional sheets if needed.)

2. Is there any actual distance that has been accrued by your vehicle(s) that will require to be reported? ... YES NO

If yes, explain origin of distance: _____

3. Have you been instructed on the importance of maintaining individual vehicle distance records? YES NO

4. Have you read the distance recordkeeping requirements outlined in the IRP Instruction Manual? YES NO

5. I am aware that the origin, destination, route traveled and odometer readings must be included within the required records to accurately account for distance traveled within a particular jurisdiction? YES NO

6. At what address do you plan to maintain these records for audit purposes: _____

Part VI, General Information and Affirmation

1. Has any licensing service, remittance agency, trucking service agency, consultant or any other individual(s) assisted you in the preparation of your IRP application(s)? YES NO

If yes, Name and Address: _____

Did the above named business/person advise you where to find the documents or provide you with the necessary information/rules to comply with being an apportioned registrant? YES NO

2. Do you know of any pending civil, criminal or administrative actions not previously disclosed, which may prevent you from obtaining IRP registration in IL or that could cause any type of enforcement action, should registration be granted? YES NO

If yes, explain: _____

3. Do you owe any fees, fines, penalties, assessments or other unpaid billings to any jurisdiction? YES NO

If yes, explain: _____

I (we) hereby affirm that the information set forth herein is true and correct under penalty of perjury and that, as applicant, these answers were given by me. I furthermore affirm that I am familiar with the responsibility imposed upon me, as applicant, by registering under the International Registration Plan, including recordkeeping requirements and the importance of accurate and complete distance accrual records according to the rules and regulations of the International Registration Plan. Authorized signatures are those of either the applicant, co-applicant (if necessary) or authorized employee of the company and not anyone acting as my agent.

_____	_____	_____	_____
Authorized Signature	Date	Authorized Signature	Date
_____	_____	_____	_____
Title		Title	

If you were assisted by a Licensing Agent, Remittance Agent or Consultant, a signature must be shown.

Signature of License Agent, Remittance Agent or Consultant assisting

_____	_____	_____
Agency/Entity Name	License Number (if any)	Date

Signature of License Agent, Remittance Agent or Consultant affirms that proper documentation regarding distance recordkeeping has been given to the registrant for which this Schedule G has been completed. It also confirms that a copy of the International Registration Plan Instruction Manual has been given to the registrant or the registrant has been informed of the proper place to obtain a copy from the Secretary of State's website.

Failure to answer or explain when necessary will constitute denial of registration. Forms without all required signatures will not be accepted.