



# INTERNATIONAL REGISTRATION PLAN

## IRP (1) - CARRIER APPLICATION



PLEASE PRINT OR TYPE

(1) Carrier Account Number					(2) NSC/RIN No.					(3) Effective Date DD MM YYYY					(4) Expiry Date DD MM YYYY														
Prov	Carrier No	Fleet	YY	Supp																									
(5) Fleet Transaction																													
New Fleet (NF) <input type="checkbox"/>					Renew Fleet (RF) <input type="checkbox"/>					Delete Fleet (DF) <input type="checkbox"/>					Add Juris (AJ) <input type="checkbox"/>					Change Prorate (CP) <input type="checkbox"/>					Amend Fleet (AF) <input type="checkbox"/>				
(6) Registrant Name										(7) Carrier Type					(8) US DOT Number														
										For Hire <input type="checkbox"/> Private <input type="checkbox"/> Daily Rental <input type="checkbox"/> Household Goods <input type="checkbox"/>																			
(9) Business Address										City/Town					Prov					Postal Code									
(10) Mailing Address										City/Town					Prov					Postal Code									
(11) Contact Name					(12) Telephone Number					(13) Fax Number					(14) E-Mail Address														

(15) Canadian Jurisdiction			
PROV	OPERATING AUTHORITY	IFTA	OTHER
BC			FR
AB			
SK			
MB			
ON			CVOR
QC			
NB (BUS)			
NS (BUS)			
PE			
NL (BUS)			

**"E" - Estimated Distance "A" Actual Distance**      **DISTANCE MUST BE REPORTED IN KILOMETERS**

(16) Jurisdiction	Distance (KM)	"E" "A"	(X) Reg Required	Jurisdiction	Distance (KM)	"E" "A"	(X) Reg Required	Jurisdiction	Distance (KM)	"E" "A"	(X) Reg Required	Jurisdiction	Distance (KM)	"E" "A"	(X) Reg Required
BC British Columbia				CT Connecticut				MO Missouri				TX Texas			
AB Alberta				DE Delaware				MT Montana				UT Utah			
SK Saskatchewan				DC District of Columbia				NE Nebraska				VT Vermont			
MB Manitoba				FL Florida				NV Nevada				VA Virginia			
ON Ontario				GA Georgia				NH New Hampshire				WA Washington			
QC Quebec				ID Idaho				NJ New Jersey				WV West Virginia			
NB New Brunswick				IL Illinois				NM New Mexico				WI Wisconsin			
NS Nova Scotia				IN Indiana				NY New York				WY Wyoming			
PE Prince Edward Island				IA Iowa				NC North Carolina				(17)			<input type="checkbox"/>
NF Newfoundland				KS Kansas				ND North Dakota							
YT Yukon				KY Kentucky				OH Ohio				(18) Total Actual Distance			
NT North West Territories				LA Louisiana				OK Oklahoma				(19) Total Estimated Distance			
AL Alabama				ME Maine				OR Oregon				(20) Other Canadian Distance			
AK Alaska				MD Maryland				PA Pennsylvania				(21) Other US Distance			
AZ Arizona				MA Massachusetts				RI Rhode Island				(22) Total Fleet Distance			
AR Arkansas				MI Michigan				SC South Carolina				(23) Actual Distances from 1, July ____ to 30, June, ____			
CA California				MN Minnesota				SD South Dakota				(24) Estimated Distances period from:			
CO Colorado				MS Mississippi				TN Tennessee				_____ to _____			

(25) Explain in detail the calculation method for estimates:

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(26) **DECLARATION:** I, the undersigned, declare that all requirements for vehicle registration, for insurance and for the payment of all fees and taxes that may be required by statute or regulation of those jurisdictions in which travel is intended have been met. I hereby certify that the information given in this application and supporting documentation is true and complete and I am fully aware of the requirements and obligations imposed by the International Registration Plan (IRP). I maintain an established place of business as required by IRP. I hereby authorize the Province of New Brunswick to forward information from my application(s) to other IRP jurisdictions for the purpose of administering the IRP program.

DATE (DD, MM, YY) \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

(27) Fleet Insurance: Insurance Company Name: \_\_\_\_\_

Ex DAY MO YEAR

## INSTRUCTIONS

(IRP - 1)

The following instructions are intended to provide general directions on completion of your application. Please review carefully prior to submitting your forms. Print or type all information entered on the application form. If you have any questions contact the IRP office in your area. Further information is provided in the IRP Carrier Manual.

1. **Carrier Account Number**

	Prov	Enter the 2 digit Postal Code Abbreviation for the jurisdiction in which you are based. NB - New Brunswick; NS - Nova Scotia; PE -Prince Edward Island; NL - Newfoundland and Labrador
	Carrier No	The five (5) digit account number assigned to you by the IRP office. If you are a new carrier, leave this space blank
	Fleet	The two (2) digit Fleet number
	Fleet year	The last two (2) digits of the year in which the fleet expires. For example if your fleet expires March 31,2002 the year is 02.
	Supp	The supplement number for the application. A first transaction or fleet renewal in IRP is supplement 00. If you do not know the supplement number leave this space blank.
  
2. **NSC/RIN Number** The National Safety Code number for New Brunswick (if known), Nova Scotia and Newfoundland and Labrador or the Registrant Identification Number for Prince Edward Island.
3. **Effective Date** The date you want the transaction to become effective. Please enter date in day, month, year (DD,MM, YYYY) format.
4. **Expiry Date** The date you want the fleet to expire. Please enter date in day, month, year (DD,MM, YYYY) format.
5. **Fleet Transaction** Please enter an "X" in the box for the type of transaction you want processed.
6. **Registrant Name** Enter the legal name of the carrier, person, company or corporation in which the fleet is to be registered.
7. **Carrier Type** Enter an "X" in the box for the type of operation you are engaged in
8. **US DOT Number** The USDOT number is an identification number issued to motor carriers, registrants and shippers by the United States Department of Transportation. You will require a US DOT Number if you intend to operate in the United States. Refer to the Carrier Manual for further information on obtaining a US DOT number. If you have a US DOT number enter in this space.
9. **Business Address** Enter the physical location of the business. Do not enter a Post Office Box. The business must be located in the jurisdiction in which you are basing your fleet.
10. **Mailing Address** Enter the mailing address of the contact person in box 11.
11. **Contact Name** Enter the name of the individual responsible for handling the application and payments.
- 12/13. **Telephone/Fax Number** Enter the telephone and Fax number of the contact person in box 11.
14. **E-Mail Address** Enter the email address for the contact person
15. **Canadian Jurisdictions Requirements** Enter the Operating Authority, IFTA or Other Information as required for the Canadian jurisdictions in which travel is intended.
16. **Jurisdiction/Distance (Estimated or Actual)** Enter the actual or estimated distance in kilometers travelled during the reporting period. Indicate whether distances reported is actual "A" or estimated "E" is space provided. If estimated see box 25.
- 17.
- 18 - 22 **Distances** Enter the total actual distances/estimated distances/and non IRP jurisdictions distances as indicated. Box 22 is the sum of all actual and estimated distances. Distances must be entered in kilometers only
- 23/24 **Actual/Estimated Distance reporting period** Enter the year for which the actual distance is reported or if estimated the 12 month reporting period in day, month, year format.
25. **Calculation of estimated distances** Provide details on how estimated distances were calculated. Attach a separate sheet if necessary. Refer to Carrier Manual for further information.
26. **Declaration** The application must be dated and signed by the contact person indicated in Section 11.
27. **Fleet Insurance** Enter the Insurance Company Name, Policy Number and Expiry date ( Day, month year format) This must be provided unless the vehicles are insured separately and are shown on the IRP - 2 form.

**Note: The Issuance of a Registration Document Is Not a Waiver of the Requirements for Any IRP Jurisdiction with Respect to Obtaining Operating Authority, Fuel Permits, Numbers or Financial Responsibility**

# INTERNATIONAL REGISTRATION PLAN

## IRP(2) - VEHICLE INFORMATION

(1) Carrier Account No: \_\_\_\_\_

Prov	Carrier No.	Fleet	YY	Supp	(2) Registrant name

(3) Weight Group Number: \_\_\_\_ Vehicles listed on this page (within weight group indicated above) will be authorized to operate in the jurisdictions and at the weights listed below. Use additional page(s) for more vehicles within the same weight group. Use separate page(s) for any vehicle with a weight difference in any jurisdiction.

NOTE: If weight varies 10% in jurisdictions, please explain \_\_\_\_\_

Vehicle Transaction Type Code (TRANS CD)

AV - Add Vehicle	AR - Add Vehicle using Credit
DV - Delete Vehicle	DR - Delete Vehicle using Credit
NF - Non Fee Related	WC - Weight Change

Vehicle Types (VEH TYPE)

TK - Truck	TT - TruckTractor	BS - Bus
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Fuel Type

D - Diesel	P - Propane
G - Gasoline	O - Other

**PLEASE PRINT OR TYPE**

CANADA	(KGS)	U.S.	(LBS)
BC		MD	
AB		MA	
SK		MI	
MB		MN	
ON		MS	
QC (axles)		MO	
NB		MT	
NS		NE	
PE		NV	
NF		NH	
YT		NJ	
NT		NM	
U.S.	(LBS)	NY	
AL		NC	
AK		ND	
AZ		OH	
AR		OK	
CA		OR	
CO		PA	
CT		RI	
DE		SC	
DC		SD	
FL		TN	
GA		TX	
ID		UT	
IL		VT	
IN		VA	
IA		WA	
KS		WV	
KY		WI	
LA		WY	
ME			

1

TRANS CD	UNIT NUMBER	CURRENT PLATE #	PROV	NEW PLATE #	YEAR	MAKE	MODEL	COLOUR	CYL	FUEL	VEH TYPE	VEHICLE IDENTIFICATION NUMBER
	BUS SEATS	WHEEL BASE(m)	TARE WEIGHT (kg)	AXLES	INSURANCE POLICY NUMBER	INSURER'S NAME						EXPIRY DATE
LESSOR/NAME				LESSOR ADDRESS								
BROKER NAME				BROKER ADDRESS								
MONTHLY LEASE AMOUNT		LEASE START DATE		LEASE END DATE		OWNED VEH - DATE OF PURCHASE		PURCHASE PRICE		TRADE IN VALUE		

2

TRANS CD	UNIT NUMBER	CURRENT PLATE #	PROV	NEW PLATE #	YEAR	MAKE	MODEL	COLOUR	CYL	FUEL	VEH TYPE	VEHICLE IDENTIFICATION NUMBER
	BUS SEATS	WHEEL BASE(m)	TARE WEIGHT (kg)	AXLES	INSURANCE POLICY NUMBER	INSURER'S NAME						EXPIRY DATE
LESSOR/NAME				LESSOR ADDRESS								
BROKER NAME				BROKER ADDRESS								
MONTHLY LEASE AMOUNT		LEASE START DATE		LEASE END DATE		OWNED VEH - DATE OF PURCHASE		PURCHASE PRICE		TRADE IN VALUE		

3

TRANS CD	UNIT NUMBER	CURRENT PLATE #	PROV	NEW PLATE #	YEAR	MAKE	MODEL	COLOUR	CYL	FUEL	VEH TYPE	VEHICLE IDENTIFICATION NUMBER
	BUS SEATS	WHEEL BASE(m)	TARE WEIGHT (kg)	AXLES	INSURANCE POLICY NUMBER	INSURER'S NAME						EXPIRY DATE
LESSOR/NAME				LESSOR ADDRESS								
BROKER NAME				BROKER ADDRESS								
MONTHLY LEASE AMOUNT		LEASE START DATE		LEASE END DATE		OWNED VEH - DATE OF PURCHASE		PURCHASE PRICE		TRADE IN VALUE		

4

TRANS CD	UNIT NUMBER	CURRENT PLATE #	PROV	NEW PLATE #	YEAR	MAKE	MODEL	COLOUR	CYL	FUEL	VEH TYPE	VEHICLE IDENTIFICATION NUMBER
	BUS SEATS	WHEEL BASE(m)	TARE WEIGHT (kg)	AXLES	INSURANCE POLICY NUMBER	INSURER'S NAME						EXPIRY DATE
LESSOR/NAME				LESSOR ADDRESS								
BROKER NAME				BROKER ADDRESS								
MONTHLY LEASE AMOUNT		LEASE START DATE		LEASE END DATE		OWNED VEH - DATE OF PURCHASE		PURCHASE PRICE		TRADE IN VALUE		

SIGNATURE OF APPLICANT \_\_\_\_\_ APPLICANT NAME (PLEASE PRINT) \_\_\_\_\_ DATE \_\_\_\_\_

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NB - New Brunswick; NS - Nova Scotia; PE -Prince Edward Island; NF - Newfoundland
- Carrier No The five (5) digit account number assigned to you by the IRP office. If you are a new carrier, leave this space blank
- Fleet The two (2) digit Fleet number
- Fleet year The last two (2) digits of the year in which the fleet expires. For example if your fleet expires March 31,2002 the year is 02.
- Supp The three (3) digit supplement number for the application. A first transaction or fleet renewal in IRP is supplement 00. If you do not know the supplement number leave this space blank.

2. **Registrant name**

Enter the name of the carrier, person, company or corporation in which the fleet is to be registered.

3. **Weight Group Number**

This is a carrier assigned number to classify groupings of **vehicles that operate with the same gross vehicle weights within the same jurisdictions**. The application allows for 4 vehicles per page. You do not have to enter the weight on subsequent sheets for vehicles that are within the same weight group. Enter the weight group number and list additional vehicle information. Start with group 1,2,3, etc.

4. **Weight Variances**

IRP limits the registered weight to not vary by more than 10% between the highest and lowest weights requested for jurisdictions. If the weight varies more than 10% within Canada or 10% within the US, you must provide a detailed explanation in the space provided.

5. **Vehicle Weights**

List Canadian jurisdictions weights in kilograms (for Quebec the number of axles) and US weight in pounds for the jurisdictions for which travel is intended.

**Vehicle Information:**

<b>TRANS CD</b>	AV Add Vehicle DV Delete Vehicle NF Non Fee Related AR Add Vehicle (Credit) DR Delete Vehicle (Credit)	New fleet, renew fleet and add vehicle to fleet Delete vehicle without replacement in same supplement Change vehicle information that does not generate fees such as unit number, correction on serial number Add vehicle using credit from deleted vehicle in same supplement Delete vehicle using credit on fees for another vehicle within same supplement	<b>UNIT NUMBER</b>	Carrier Assigned Unit Number for vehicle within fleet	<b>CURRENT PLATE #</b>	Plate number currently on vehicle
<b>PROV</b>	2 Digit Provincial code in which vehicle is registered		<b>NEW PLATE #</b>	Leave Blank. For Office Use Only	<b>YEAR</b>	Year of vehicle
<b>MAKE</b>	Up to first six (6) digits of make.		<b>MODEL</b>	Up to first six (6) digits of model of vehicle	<b>COLOUR</b>	Primary COLOUR of vehicle
<b>CYL</b>	Number of cylinders		<b>FUEL</b>	Fuel Type as listed by code on vehicle information form.	<b>VEH TYPE</b>	The type of vehicle as per Vehicle Types listed on form.
<b>VEHICLE IDENTIFICATION NUMBER (VIN)</b>	<u>Complete</u> VIN (serial number) of vehicle being registered.		<b>BUS SEATS / WHEEL BASE</b>	Maximum number of passengers that can be transported wheel base in meters	<b>TARE WEIGHT</b>	Empty weight of power unit
<b>AXLES</b>	Number of axles on power unit		<b>INSURANCE POLICY NUMBER</b>	Policy Number issued by insurance company	<b>INSURER'S NAME</b>	Name of Insurance Company
<b>EXPIRY DATE</b>	Expiry date of insurance policy in DD/MM/YYYY format		<b>LESSOR/BROKER NAME AND ADDRESS</b>	Complete name and address of lessor or broker	<b>MONTHLY LEASE AMT</b>	Lease amount per month in Canadian funds
<b>LEASE START/END DATE</b>	Starting and Ending dates of lease in DD/MM/YYYY format		<b>OWNED VEHICLE DATE OF PURCHASE</b>	Date vehicle purchased in DD/MM/YYYY format	<b>OWNED VEHICLE PURCHASE PRICE</b>	Purchase price of Vehicle in Canadian funds, including accessories, service and finance charges.
<b>TRADE IN VALUE</b>	Value of Trade in on previous vehicle in Canadian \$.					

7. **Signature** Signed and dated by contact person.

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