

Expiration Date		Number of Reg. Months		<p align="center">MICHIGAN DEPARTMENT OF STATE INTERNATIONAL REGISTRATION PLAN Schedule A (Original) or Schedule C (Supplement)</p> <p>Required Information:</p> <ul style="list-style-type: none"> • <i>Signed and Completed Application</i> • <i>3 Proofs of Residency Subject to Review and Approval</i> • <i>Proof of Michigan No Fault Insurance</i> • <i>Proof of Heavy Vehicle Use Tax</i> • <i>Proof of Ownership</i> • <i>Owner Operator Lease Agreements</i> 	Type of Application		Date Stamp			
Account Number	Fleet Number	Supp Number	License Year		<input type="checkbox"/> Original <input type="checkbox"/> Supplement <input type="checkbox"/> Renewal	Staff Initials		Counter Input		
Name of Registrant					<input type="checkbox"/> New Vehicle Only <input type="checkbox"/> License Transfer <input type="checkbox"/> License Transfer with Weight Increase <input type="checkbox"/> Delete Only <input type="checkbox"/> Correct Information <input type="checkbox"/> Weight Increase <input type="checkbox"/> Lost or Stolen Plate <input type="checkbox"/> Lost or Stolen Cab Card <input type="checkbox"/> Lost or Stolen Year Tab	Registrants FEIN/Soc.Sec Number				
Business Location (Do not use a P.O. Box, Must be in MI)						USDOT Number				
City	County	State	Zip Code		Type of Operation					
Mailing Address					Services Representative (Household Goods Carrier)				<input type="checkbox"/> Haul For Hire <input type="checkbox"/> Private Carrier <input type="checkbox"/> Household Goods Carrier <input type="checkbox"/> Rental	
City	County	State	Zip Code		Michigan DL Number					
Person to Contact Regarding Application			Phone ()	Registrant Date of Birth						
E-mail Address				Fax ()						

VEHICLE INFORMATION																
Owner Unit Number	Year	Make Of Vehicle	Vehicle Identification Number	Type	ASXelass	Unladen Weight	Fuel	CO	Combined Or Gross Weight	Purchase Price Of Vehicle	Date of Purchase	Name of Owner(s) (As it appears on the title)	Jur. Titled In	Carrier Responsible for Vehicle Safety		
														USDOT Number Assigned to Vehicle	Tax Payer Identification Number (EIN,SSN) Assigned to Vehicle	Will the designated Carrier Responsible for safety change during the year? (Please Check)
															YES	NO
															YES	NO
															YES	NO

DELETIONS													
Owner Unit Number	Year	Make of Vehicle	Vehicle Identification Number	Combined or Gross Weight	Replaced Unit Number	Reason Removed	Type	Lease Agreement	HVUT Paid	<p align="center">You must notify the IRP office within 10 days if the motor carrier responsible for safety changes.</p>			
							TT-Truck Tractor BS-Bus TK-Single Tractor WR-Wrecker RT-Road Tractor WK-Wrecker Plus MT-Mobile Home Toter	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A				
							I declare vehicles under this IRP account will not exceed the gross vehicle weight elected and are in compliance with Michigan statutes. I further certify if I operate or employ persons to operate commercial vehicles entered on this application, the operator and I will be knowledgeable of the Federal and State motor carrier safety regulations including hazardous material regulations. The undersigned certifies that information furnished in this application and the attached schedules are true and correct.						
							Signature:			Date:			

INTERNATIONAL REGISTRATION PLAN (IRP) APPLICATION REGISTRATION
Schedule B

Expiration Date		Number of Registration Months	
Account Number	Fleet Number	Supplement Number	License Year
Name of Registrant			

Type of Application <input type="checkbox"/> Original <input type="checkbox"/> Supplement <input type="checkbox"/> Renewal Staff Initials Counter: Input: Date Received:	Explain Reason for 10% Weight Variance *WY <input type="checkbox"/> Checkbox if Intrastate Authority
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Jurisdiction	Actual Distance	Combined or Gross Weight	Jurisdiction	Actual Distance	Combined or Gross Weight	Jurisdiction	Actual Distance	Combined or Gross Weight
AK-Alaska			MI-Michigan			TX-Texas		
AL-Alabama			MN-Minnesota			UT-Utah		
AR-Arkansas			MO-Missouri			VA-Virginia		
AZ-Arizona			MS-Mississippi			VT-Vermont		
CA-California			MT-Montana			WA-Washington		
CO-Colorado			NC-North Carolina			WI-Wisconsin		
CT-Connecticut			ND-North Dakota			WV-West Virginia		
DC-District of Columbia			NE-Nebraska			*WY-Wyoming		
DE-Delaware			NH-New Hampshire			AB-Alberta		
FL-Florida			NJ-New Jersey			BC-British Columbia		
GA-Georgia			NM-New Mexico			MB-Manitoba		
IA-Iowa			NV-Nevada			MX-Mexico		
ID-Idaho			NY-New York			NB-New Brunswick		
IL-Illinois			OH-Ohio			NF-New Foundland		
IN-Indiana			OK-Oklahoma			NS- Nova Scotia		
KS-Kansas			OR-Oregon			NT-Northwest Territory		
KY-Kentucky			PA-Pennsylvania			ON-Ontario		
LA-Louisiana			RI-Rhode Island			PE-Prince Edward Island		
MA-Massachusetts			SC-South Carolina			QC-Quebec		
MD-Maryland			SD-South Dakota			SK-Saskatchewan		
ME-Maine			TN-Tennessee			YT-Yukon		
						Total		

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Signature: _____ Date: _____