

**STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES - INTERNATIONAL REGISTRATION PLAN**

ACCOUNT NUMBER	FLEET NUMBER	SUPP. NUMBER	REGISTRATION YR.	<b>IRP-31</b> New 10-16	STATE OF CONNECTICUT <b>DEPARTMENT OF MOTOR VEHICLES</b> 60 STATE STREET, WETHERSFIELD, CT 06161 (860)-263-5281																																																			
NAME OF REGISTRANT				<b>ORIGINAL/RENEWAL APPLICATION SCHEDULE A/E</b>  1. Please print clearly in Blue/black ink or type.																																																				
ADDRESS <span style="float:right; font-size: small;">City State Zip Code</span>																																																								
E-MAIL ADDRESS		PREFERRED METHOD OF COMMUNICATION		<table style="width:100%; border: none;"> <tr> <td style="width:33%;"><b>TYPE OF APPLICATION</b></td> <td style="width:33%;"><b>TYPE OF OPERATION</b></td> <td style="width:33%;"><b>TYPE VEHICLE</b></td> </tr> <tr> <td><input type="checkbox"/> NEW</td> <td><input type="checkbox"/> PRIVATE (PC)</td> <td><input type="checkbox"/> TRUCK TRACTOR (TT)</td> </tr> <tr> <td><input type="checkbox"/> RENEWAL</td> <td><input type="checkbox"/> EXEMPT (EX)</td> <td><input type="checkbox"/> TRACTOR (TR)</td> </tr> <tr> <td>    <input type="checkbox"/> RENEWAL / TRANSFER</td> <td><input type="checkbox"/> RENTAL (RC)</td> <td><input type="checkbox"/> TRUCK SINGLE(TK)</td> </tr> <tr> <td>    <input type="checkbox"/> RENEWAL / REPLACE PLATE</td> <td><input type="checkbox"/> HAUL FOR HIRE (HH)</td> <td><input type="checkbox"/> ROAD TRACTOR (RT)</td> </tr> <tr> <td><input type="checkbox"/> ADD FLEET</td> <td><input type="checkbox"/> HOUSEHOLD GOODS MOVER (HC)</td> <td><input type="checkbox"/> SEMI TRAILER (ST)</td> </tr> <tr> <td><input type="checkbox"/> ADD JURISDICTION</td> <td></td> <td><input type="checkbox"/> FULL TRAILER (FT)</td> </tr> <tr> <td><input type="checkbox"/> ADD VEHICLE</td> <td></td> <td><input type="checkbox"/> BUS (BS)</td> </tr> <tr> <td><input type="checkbox"/> PLATE TRANSFER</td> <td></td> <td><input type="checkbox"/> CONVERTER GEAR (CG)</td> </tr> <tr> <td><input type="checkbox"/> WEIGHT INCREASE</td> <td></td> <td><input type="checkbox"/> DOUBLE BOTTOM (DB)</td> </tr> <tr> <td><input type="checkbox"/> CHANGE OF INFORMATION</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> REPLACEMENT</td> <td></td> <td><b>FUEL</b></td> </tr> <tr> <td>    <input type="checkbox"/> CAB CARD</td> <td></td> <td><input type="checkbox"/> DIESEL (D)</td> </tr> <tr> <td>    <input type="checkbox"/> PLATE</td> <td></td> <td><input type="checkbox"/> GASOLINE (G)</td> </tr> <tr> <td><b>REASON</b></td> <td></td> <td><input type="checkbox"/> PROPANE (P)</td> </tr> <tr> <td>    <input type="checkbox"/> LOST</td> <td></td> <td></td> </tr> <tr> <td>    <input type="checkbox"/> STOLEN</td> <td></td> <td></td> </tr> </table>		<b>TYPE OF APPLICATION</b>	<b>TYPE OF OPERATION</b>	<b>TYPE VEHICLE</b>	<input type="checkbox"/> NEW	<input type="checkbox"/> PRIVATE (PC)	<input type="checkbox"/> TRUCK TRACTOR (TT)	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXEMPT (EX)	<input type="checkbox"/> TRACTOR (TR)	<input type="checkbox"/> RENEWAL / TRANSFER	<input type="checkbox"/> RENTAL (RC)	<input type="checkbox"/> TRUCK SINGLE(TK)	<input type="checkbox"/> RENEWAL / REPLACE PLATE	<input type="checkbox"/> HAUL FOR HIRE (HH)	<input type="checkbox"/> ROAD TRACTOR (RT)	<input type="checkbox"/> ADD FLEET	<input type="checkbox"/> HOUSEHOLD GOODS MOVER (HC)	<input type="checkbox"/> SEMI TRAILER (ST)	<input type="checkbox"/> ADD JURISDICTION		<input type="checkbox"/> FULL TRAILER (FT)	<input type="checkbox"/> ADD VEHICLE		<input type="checkbox"/> BUS (BS)	<input type="checkbox"/> PLATE TRANSFER		<input type="checkbox"/> CONVERTER GEAR (CG)	<input type="checkbox"/> WEIGHT INCREASE		<input type="checkbox"/> DOUBLE BOTTOM (DB)	<input type="checkbox"/> CHANGE OF INFORMATION			<input type="checkbox"/> REPLACEMENT		<b>FUEL</b>	<input type="checkbox"/> CAB CARD		<input type="checkbox"/> DIESEL (D)	<input type="checkbox"/> PLATE		<input type="checkbox"/> GASOLINE (G)	<b>REASON</b>		<input type="checkbox"/> PROPANE (P)	<input type="checkbox"/> LOST			<input type="checkbox"/> STOLEN		
<b>TYPE OF APPLICATION</b>	<b>TYPE OF OPERATION</b>	<b>TYPE VEHICLE</b>																																																						
<input type="checkbox"/> NEW	<input type="checkbox"/> PRIVATE (PC)	<input type="checkbox"/> TRUCK TRACTOR (TT)																																																						
<input type="checkbox"/> RENEWAL	<input type="checkbox"/> EXEMPT (EX)	<input type="checkbox"/> TRACTOR (TR)																																																						
<input type="checkbox"/> RENEWAL / TRANSFER	<input type="checkbox"/> RENTAL (RC)	<input type="checkbox"/> TRUCK SINGLE(TK)																																																						
<input type="checkbox"/> RENEWAL / REPLACE PLATE	<input type="checkbox"/> HAUL FOR HIRE (HH)	<input type="checkbox"/> ROAD TRACTOR (RT)																																																						
<input type="checkbox"/> ADD FLEET	<input type="checkbox"/> HOUSEHOLD GOODS MOVER (HC)	<input type="checkbox"/> SEMI TRAILER (ST)																																																						
<input type="checkbox"/> ADD JURISDICTION		<input type="checkbox"/> FULL TRAILER (FT)																																																						
<input type="checkbox"/> ADD VEHICLE		<input type="checkbox"/> BUS (BS)																																																						
<input type="checkbox"/> PLATE TRANSFER		<input type="checkbox"/> CONVERTER GEAR (CG)																																																						
<input type="checkbox"/> WEIGHT INCREASE		<input type="checkbox"/> DOUBLE BOTTOM (DB)																																																						
<input type="checkbox"/> CHANGE OF INFORMATION																																																								
<input type="checkbox"/> REPLACEMENT		<b>FUEL</b>																																																						
<input type="checkbox"/> CAB CARD		<input type="checkbox"/> DIESEL (D)																																																						
<input type="checkbox"/> PLATE		<input type="checkbox"/> GASOLINE (G)																																																						
<b>REASON</b>		<input type="checkbox"/> PROPANE (P)																																																						
<input type="checkbox"/> LOST																																																								
<input type="checkbox"/> STOLEN																																																								
MAILING ADDRESS <i>(If different from business address)</i>																																																								
<input type="checkbox"/> INDIVIDUAL    DOB _____		<input type="checkbox"/> BUSINESS    FEIN # _____																																																						
FEIN # _____		DOT # _____																																																						
IFTA # _____		IFTA # _____																																																						
MC # _____		MC # _____																																																						
DOT # _____																																																								
IF UNDER CONTRACT, NAME OF CARRIER YOU CONTRACT WITH																																																								
DOT NUMBER		FEIN NUMBER OF CARRIER																																																						
IS THE CARRIER RESPONSIBLE FOR SAFETY EXPECTED <input type="checkbox"/> YES <input type="checkbox"/> NO TO CHANGE IN THE REGISTRATION YEAR																																																								
CONTACT PERSON REGARDING APPLICATION		NAME		PHONE																																																				
				E-MAIL																																																				
INSURANCE COMPANY		POLICY NUMBER		EFFECTIVE DATE																																																				
				EXPIRATION DATE																																																				

PROOF OF LIABILITY AND BOB TAIL MUST BE SUBMITTED WITH APPLICATION

IF LEASED VEHICLES A COPY OF THE LEASE AGREEMENT MUST BE SUBMITTED WITH THE APPLICATION

**CERTIFICATION** - Pursuant to the Code of Federal Regulations, Section 49, Part 350, inclusive, I hereby certify knowledge of applicable federal and state motor carrier safety rules, regulations, standards and orders, and I certify knowledge of the IRP registration and record-keeping requirements, and I declare that all operations will be conducted in compliance with such requirements and I hereby certify that for the entire registration renewal year all vehicles owned/operated under this IRP account are and will remain in compliance with (1) Connecticut compulsory motor vehicle liability insurance requirements concerning apportioned-registered vehicles and (2) manufacturers' gross weight ratings. The undersigned also certifies that information furnished on this application and the attached schedules is true and correct.

SIGNATURE	TITLE	DATE
<b>X</b>		

**DMV USE ONLY**

RECEIVED	REVIEWED	DATE	ENTERED	DATE	CAB CARDS PRINTED/VERIFIED	DATE

**STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES - INTERNATIONAL REGISTRATION PLAN**

NAME OF REGISTRANT		ACCOUNT NUMBER	FLEET NUMBER	SUPPLEMENTAL NUMBER	REGISTRATION YEAR
OWNER EQUIPMENT NUMBER	VEHICLE IDENTIFICATION NUMBER			MAKE	MODEL VEHICLE TYPE
COLOR	AXLES	FUEL	UNLADEN WEIGHT	COMBINED GROSS WEIGHT	PURCHASE PRICE FACTORY LIST PRICE
BUSES ONLY- HORSEPOWER & SEATING	DATE OF PURCHASE	LEASED VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LEASE	NAME OF OWNER <i>(As appears on title)</i>	CT TOWN WHERE VEHICLE GARAGED PLATE NUMBER

NAME OF REGISTRANT		ACCOUNT NUMBER	FLEET NUMBER	SUPPLEMENTAL NUMBER	REGISTRATION YEAR
OWNER EQUIPMENT NUMBER	VEHICLE IDENTIFICATION NUMBER			MAKE	MODEL VEHICLE TYPE
COLOR	AXLES	FUEL	UNLADEN WEIGHT	COMBINED GROSS WEIGHT	PURCHASE PRICE FACTORY LIST PRICE
BUSES ONLY- HORSEPOWER & SEATING	DATE OF PURCHASE	LEASED VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LEASE	NAME OF OWNER <i>(As appears on title)</i>	CT TOWN WHERE VEHICLE GARAGED PLATE NUMBER

NAME OF REGISTRANT		ACCOUNT NUMBER	FLEET NUMBER	SUPPLEMENTAL NUMBER	REGISTRATION YEAR
OWNER EQUIPMENT NUMBER	VEHICLE IDENTIFICATION NUMBER			MAKE	MODEL VEHICLE TYPE
COLOR	AXLES	FUEL	UNLADEN WEIGHT	COMBINED GROSS WEIGHT	PURCHASE PRICE FACTORY LIST PRICE
BUSES ONLY- HORSEPOWER & SEATING	DATE OF PURCHASE	LEASED VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	DATE OF LEASE	NAME OF OWNER <i>(As appears on title)</i>	CT TOWN WHERE VEHICLE GARAGED PLATE NUMBER

<b>VEHICLE DELETION</b>	UNIT NUMBER	VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	COMBINED OR GROSS WEIGHT
	REASON REMOVED				PLATE NUMBER
<b>VEHICLE DELETION</b>	UNIT NUMBER	VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	COMBINED OR GROSS WEIGHT
	REASON REMOVED				PLATE NUMBER
<b>VEHICLE DELETION</b>	UNIT NUMBER	VEHICLE IDENTIFICATION NUMBER	YEAR	MAKE	COMBINED OR GROSS WEIGHT
	REASON REMOVED				PLATE NUMBER

**STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES - INTERNATIONAL REGISTRATION PLAN**

ACCOUNT NUMBER	FLEET NUMBER	SUPPLEMENTAL NUMBER	REGISTRATION YEAR
----------------	--------------	---------------------	-------------------

**DISTANCE:** Enter actual mileage accrued for each jurisdiction you traveled in. First year registrants are to report any accumulated mileage.

**WEIGHT** Please use additional pages for each weight group.

**WEIGHT AND DISTANCE INFORMATION BY JURISDICTION**

JURISDICTION	DISTANCE	WEIGHT	JURISDICTION	DISTANCE	WEIGHT	JURISDICTION	DISTANCE	WEIGHT
AB Alberta			MB Manitoba			OK Oklahoma		
AL Alabama			MD Maryland			ON Ontario		
AK Alaska			ME Maine			OR Oregon		
AR Arkansas			MI Michigan			PA Pennsylvania		
AZ Arizona			MN Minnesota			PE Prince Edward Island		
BC British Columbia			MO Missouri			QC Quebec		
CA California			MS Mississippi			RI Rhode Island		
CO Colorado			MT Montana			SC South Carolina		
CT Connecticut			NB New Brunswick			SD South Dakota		
DC District of Columbia			NC North Carolina			SK Saskatchewan		
DE Delaware			ND North Dakota			TN Tennessee		
FL Florida			NE Nebraska			TX Texas		
GA Georgia			NL Newfoundland			UT Utah		
IA Iowa			NH New Hampshire			VA Virginia		
ID Idaho			NJ New Jersey			VT Vermont		
IL Illinois			NM New Mexico			WA Washington		
IN Indiana			NS Nova Scotia			WI Wisconsin		
KS Kansas			NT Northwest Territory			WV West Virginia		
KY Kentucky			NV Nevada			WY Wyoming		
LA Louisiana			NY New York			YT Yukon		
MA Massachusetts			OH Ohio			MX Mexico		

**TOTAL MILES:**

I certify that the actual distance reported for the apportioned registration renewal are true and accurate for the period of \_\_\_\_\_ through \_\_\_\_\_ and are supported by adequate records.