ACCOUNT NUMBER	FLE	EET NUMBER	SUP	P. NUMBER		REGISTRATIO		RP-31 lew 10-16	DEPARTM	MENT OF I		HICLES		
NAME OF REGISTRANT	•		•						60 STATE ST	(860)-26		ט, טו טוט דט,		
ADDRESS		City		State		Zip C	`ada	OF	RIGINAL/RENE\	WAL APP	LICATION	SCHEDULE	A/E	
ADDRESS		City		State		Ζίρ Ο		Please print clearl	v in Blue/black ink	or type.				
E-MAIL ADDRESS				PREFERRED METHO	D OF C	COMMUNICATIO	NA .	PE OF APPLICA			OPERATIO	N TYP	E VEHICLE	
									IION		ATE (PC)		TRUCK TRACTOR (TT)	
MAILING ADDRESS (If o	lifferent from b	business address)		1			——————————————————————————————————————] NEW] RENEWAL			MPT (EX)		TRACTOR (TR)	
							-	RENEWAL/	TRANSFER	=	TAL (RC)		TRUCK SINGLE(TK)	
								=	REPLACE PLATE	=	FOR HIRE (I		ROAD TRACTOR (RT)	
INDIVIDUAL	DOB _		Ц	BUSINESS FE	IN # _		_	ADD FLEET		=	•	· =	SEMI TRAILER (ST)	
	FEIN#_			DC	OOT #		=	ADD JURISDICTION			MOVER (HC)			
	IFTA#			IF ⁻	ГА #		17	ADD VEHICLE					FULL TRAILER (FT)	
	MC#			MC #] PLATE TRANSFE	ER .				BUS (BS)	
	_		<u></u>					WEIGHT INCREA	SE			_	CONVERTER GEAR (CG)	
	DOT#_		<u></u>				[CHANGE OF INFO	ORMATION			Ц'	DOUBLE BOTTOM (DB)	
IF UNDER CONTRACT,	NAME OF CA	ARRIER YOU CONTRAC	T WITH					REPLACEMENT			FUEL —			
								CAB CARD				I	DIESEL (D)	
DOT NUMBER OF CARRIER				R			PLATE					GASOLINE (G)		
								REASON				□ !	PROPANE (P)	
IS THE CARRIER I TO CHANGE IN TH			TY EXPEC	TED YES	□ N	NO		LOST STOLEN						
CONTACT PE REGARDING APP		NAME N					PH	ONE		E-MAIL				
INSURANCE COMPANY		•				POLICY NUME	BER		EFFECTIVE DAT	Ė		EXPIRATION DAT	ΓE	
PROOF OF LIA	ABILITY A	ND BOB TAIL MU	IST BE SU	IBMITTED WITH A	PPLIC	CATION								
☐ IF LEASED VE	HICLES A	COPY OF THE L	EASE AG	REEMENT MUST E	BE SU	JBMITTED W	VITH THE APPL	CATION						
orders, and I certify	knowledg enewal yea	e of the IRP regist ar all vehicles own	ration and ed/operate	record-keeping req d under this IRP ac	uireme count The u	ents, and I de are and will	eclare that all op remain in compl	erations will be cor ance with (1) Conr	nducted in complia necticut compulsor	ince with su ry motor vel	ich requirem nicle liability	ents and I here insurance requ	ations, standards and by certify that for the irrements concerning e and correct.	
X														
					'	D	MV USE ON	_Y						
RECEIVED			REVIEWED				DATE	ENTERED	DATE	CAB CARDS	PRINTED/VER	IFIED	DATE	

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES - INTERNATIONAL REGISTRATION PLAN

Application Page 2 of 3

NAME OF REGISTRANT					ACCOUNT NUMBER			FLEET NUMBER	FLEET NUMBER SU			SUPPLEMENTAL NUMBER			REGISTRATION YEAR	
OWNER EQUIPMENT NUMBER VEHICLE IDENTIFICATION NUMBER								MAKE				ODEL		VEHICLE TYPE		
COLOR AXLES				FUEL UNLAD			N WEIGHT COMBINED GROSS		ROSS WEIG	HT .	PURCHASE PRICE		FACTORY LIST PRICE			
BUSES ONLY- HORSEPOWER & SEATING DATE OF PURCHA		PURCHASE	LEASED VEHIC	DATE OF LEASE			NAME OF OWNER (As		appears on title)			CT TOWN WHERE VE GARAGED	EHICLE	PLATE NUMBER		
NAME OF REGISTRANT				ACCOUNT NUMBER			FLEET NUMBER			SUPPLEMENTAL NUM		NUMBER	REGIST	RATION YEAR		
OWNER EQUIPMENT NUMBER VEHICLE IDENTIFICATION NUMBER					•	MAKE				MODEL		VEHICLE TYPE				
COLOR AXLES		FUEL UNLAD		EN WEIGHT		COMBINED GROSS WEIGHT		HT .	PURCHASE PRICE		FACTORY LIST PRICE					
BUSES ONLY- HORSEPOWER & SEATING		PURCHASE	LEASED VEHIC	CLE DATE OF LEASE			NAME OF OWNER (As appears on t		ars on title)	s on title)		CT TOWN WHERE VEHICLE GARAGED		PLATE NUMBER		
NAME OF REGISTRANT			ACCOUNT NUMBER			FLEET NUMBER SU			SUPPLE	SUPPLEMENTAL NUMBER		REGISTRATION YEAR				
OWNER EQUIPMENT NUMBER VEHICLE IDENTIFICATION NUMBER							MAK	Œ	-1	1	MODEL	•	VEHICLE TYPE			
COLOR AXLES			FUEL U		UNLAD	UNLADEN WEIGHT		COMBINED GROSS WEIGH		IT '	PURCHASE PRICE		FACTORY LIST PRICE			
BUSES ONLY- HORSEPOWER & SEATING DATE OF PURCHASE LEASED VEHIC		CLE DATE OF LEASE NO		NAME OF OWNER (As appears on title)		rs on title)			CT TOWN WHERE VEHICLE GARAGED		PLATE NUMBER					
VEHICLE	UNIT NUMBER	ł	VEHICLE ID	ENTIFICATION N	JMBER					YEA	R	MAKE		COMBINE	D OR GROSS WEIGHT	
DELETION	ELETION REASON REMOVED												ATE NUMBER		AB CARD SURRENDERED YES NO	
VEHICLE	UNIT NUMBER VEHICLE IDENTIFICATION NUMBER							YEAR			R	MAKE	IAKE CO		COMBINED OR GROSS WEIGHT	
DELETION	ELETION REASON REMOVED										PL	PLATE NUMBER		CAB CARD SURRENDERED YES NO		
UNIT NUMBER VEHICLE IDENTIFICATION NO VEHICLE					JMBER					YEA	R	MAKE			D OR GROSS WEIGHT	
DELETION											-	I			AB CARD SURRENDERED YES NO	

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 a	actual distance reported for the apportioned registration renewal are true and accurate for the period of	
through	and are supported by adequate records.	