

# Massachusetts IRP Application

Date: \_\_\_\_\_

New Application     Change to Current Account (Supplement)     Renewal Application

**A**

1. Account No.	2. Fleet No.	3. Supplement No. FOR RMV USE ONLY
4. Name on Account *(Responsible for payment)		

**B**

SIGNATURE		
<p>I/We the applicant(s) hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that have been incurred by the applicant(s). Any member of the applicant's immediate family who is a member of the applicant's household or the business partner of the applicant(s). The undersigned hereby further certify that all information contained in this application is true and correct to the best of their knowledge and belief. False statements are punishable by fine, imprisonment or both.</p>		
Signature of Owner	Signature of Joint Owner	Date
<p>Signature on this Application by the applicant or authorized representative constitutes the applicant's consent to have the information submitted as part of participation in IRP and verified through an audit performed by the Commonwealth of Massachusetts Registry of Motor Vehicles, the Department of Revenue, or their agents. Further, the applicant understands that the Registry of Motor Vehicles and the Department of Revenue may exchange the information obtained during an audit for purposes of enforcing the International Registration Plan (IRP) and the International Fuel Tax Agreement (IFTA).</p>		

## Important Information

Please Refer To The Massachusetts IRP Manual For  
Instructions Necessary To Complete This Application

- All vehicles being renewed with a combined or gross weight of 55,000 pounds or more must be accompanied by proof of payment or exemption of the Federal Heavy Vehicle Use Tax (IRS Form No. 2290). Refer to the MA IRP Manual for instructions and explanations.
- As part of the IRP Application process, you will be required to submit your US DOT number for verification by the Massachusetts Department of Transportation (MassDOT). It is also required for participation in the PRISM Program (Performance and Registration Information Systems Management) with the Federal Motor Carrier Safety Administration (FMCSA). Motor carriers are issued a US DOT number by the FMCSA as part of the application process under 49 CFR 385.301, prior to beginning interstate operations. Under 49 CFR 390.21, the US DOT number must be clearly marked on all self-propelled Commercial Motor Vehicles (CMVs) and inter-modal equipment, which includes any apportionable vehicles listed on this application.
- Applications should be typed or printed, in ink, clearly. Incomplete or illegible applications will be returned to the registrant without processing.
- Submission of your application does not constitute authorization for you to travel on any public roads or highways in any IRP jurisdiction without a properly displayed IRP license plate and cab card.
- A Power of Attorney will be required, each year, for each vehicle contained in this application that is not titled in the name of the registrant.
- Applications that are received without being signed will be returned without processing.

1. ACCOUNT NO.	2. FLEET NO.	3. SUPP NO.	6. NAME ON ACCOUNT
4. FEDERAL ID NO. / LICENSE NO			7. BUSINESS LOCATION (DO NOT USE PO BOX)
5. TYPE OF APPLICATION (CHECK ONE CATEGORY ONLY)			8. CITY STATE <b>MA</b> ZIP CODE
<input type="checkbox"/> ADD/DELETE VEHICLE <input type="checkbox"/> ADD/DELETE FLEET <input type="checkbox"/> INCREASE/DECREASE WEIGHT <input type="checkbox"/> LOST/STOLEN <input type="checkbox"/> NEW PLATE <input type="checkbox"/> CABCARD <input type="checkbox"/> DECAL <input type="checkbox"/> PLATE TRANSFER <input type="checkbox"/> ADD STATE <input type="checkbox"/> AMEND INFORMATION			9. MAILING ADDRESS (MAY USE PO BOX)
PLEASE SUBMIT A BLANK CHECK WITH YOUR APPLICATION. YOU WILL BE INVOICED FOR REGISTRATION FEES DUE			10. CITY STATE ZIP CODE
			11. PERSON TO CONTACT REGARDING APPLICATION NAME EMAIL
			12a. CONTACT PHONE NUMBER ( ) 12b. SECONDARY NUMBER (optional) ( ) 12c. EMAIL ADDRESS (optional)

**C**

REGULATORY INFORMATION		ABBREVIATIONS	
13a. US DOT NO.	Section E (1) TRANSACTION TYPE A = ADD VEHICLE/FLEET C = CORRECTION D = DECREASE WGT I = INCREASE WGT O = ORIGINAL R = RENEWAL T = TRANSFER V = DELETE VEHICLE  FUEL TYPE D = DIESEL G = GASOLINE P = PROPANE O = OTHER	Section E (6) VEHICLE TYPE	
13b. TIN Enter TIN only if different than #4 above (TIN = tax identification number; the number used to report taxes)		BS = BUS/LIVERY	
14. MOTOR FUEL NO.		RT = ROAD TRACTOR	
15. CANADIAN PROVINCIAL OPERATING AUTHORITY NO.		TK = STRAIGHT TRUCK	
TYPE OF OPERATION		TR = TRACTOR	
16. PLEASE CHECK OPERATION TYPE: <input type="checkbox"/> EXEMPT <input type="checkbox"/> RENTAL COMPANY <input type="checkbox"/> PRIVATE CARRIER <input type="checkbox"/> HOUSEHOLD GOODS MOVER <input type="checkbox"/> HAUL FOR HIRE		TT = TRUCK TRACTOR	
17. COMMON CARRIER EXEMPT COMMODITY			

**D**

WEIGHT INFORMATION Units listed on this application will be authorized to operate in the jurisdictions and at the weights listed below. The weight recorded below will appear in the cab card for all IRP jurisdictions for the Units listed below.

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





# G

## Mileage Schedule

List mileage in each state in which this fleet traveled for the period July 1 through June 30 of the year before the registration year for which you are applying. Place an X in the square in front of the name of the state if you desire an apportionment in that state. For estimated mileage see the addendum at the back of this form. Do not show actual and estimated miles for the same state.

(X)	STATE	EST MILES	ACTUAL MILES	(X)	STATE	EST MILES	ACTUAL MILES	(X)	STATE	EST MILES	ACTUAL MILES
	AL Alabama				MI Michigan				TX Texas		
	AK Alaska				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 Dist. of Col.				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				NL Newfoundland		
	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 Is.		
<b>X</b>	MA Massachusetts				SC South Carolina				QC Quebec***		
	MD Maryland				SD South Dakota				SK Saskatchewan		
	ME Maine				TN Tennessee				YT Yukon		

*MT Montana check box that applies: <input type="checkbox"/> SPLIT <input type="checkbox"/> COMBINED GROSS WEIGHT	**WY Wyoming check box if you <input type="checkbox"/> Have Intrastate Authority	Total Mileage _____
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Mileage information and signature on this Application by the applicant or authorized representative constitutes the applicant's consent to have the information submitted as part of participation in IRP and verified through an audit performed by the Commonwealth of Massachusetts Registry of Motor Vehicles, the Department of Revenue, or their agents. Further, the applicant understands that the Registry of Motor Vehicles and the Department of Revenue may exchange the information obtained during an audit for purposes of enforcing the International Registration Plan (IRP) and the International Fuel Tax Agreement (IFTA).

I have submitted estimated distances in accordance with the Massachusetts International Registration Plan Estimated Mileage Chart, as provided under section 801 of the International Registration Plan.

Explain the scope of your operation including any estimated miles.  
(Explain the products that you are hauling and the source of estimated mileage.)

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\*\*\* See note after Section E.

## 2012 IRP ESTIMATED MILEAGE CHART

JURISDICTION	AVG. MI. PER VEHICLE	JURISDICTION	AVG. MI. PER VEHICLE	JURISDICTION	AVG. MI. PER VEHICLE
Alberta (AB)	98	Manitoba (MB)	278	Oklahoma (OK)	138
Alabama (AL)	126	Maryland (MD)	624	Ontario (ON)	31
Arkansas (AR)	121	Maine (ME)	1422	Oregon (OR)	36
Arizona (AZ)	162	Michigan (MI)	166	Pennsylvania (PA)	1318
British Columbia (BC)	70	Minnesota (MN)	68	Prince Edward Island (PE)	30
California (CA)	216	Missouri (MO)	150	Quebec (QC)	76
Colorado (CO)	72	Mississippi (MS)	84	Rhode Island (RI)	1508
Connecticut (CT)	4732	Montana (MT)	26	South Carolina (SC)	321
District of Columbia (DC)	19	New Brunswick (NB)	24	South Dakota (SD)	14
Delaware (DE)	141	North Carolina (NC)	380	Saskatchewan (SK)	747
Florida (FL)	506	North Dakota (ND)	17	Tennessee (TN)	319
Georgia (GA)	302	Nebraska (NE)	95	Texas (TX)	362
Iowa (IA)	96	New Hampshire (NH)	1778	Utah (UT)	65
Idaho (ID)	40	New Jersey (NJ)	1840	Virginia (VA)	592
Illinois (IL)	266	Newfoundland & Labrador (NL)	653	Vermont (VT)	765
Indiana (IN)	337	New Mexico (NM)	139	Washington (WA)	30
Kansas (KS)	65	Nova Scotia (NS)	50	Wisconsin (WI)	150
Kentucky (KY)	151	Nevada (NV)	60	West Virginia (WV)	83
Louisiana (LA)	99	New York (NY)	2982	Wyoming (WY)	70
Massachusetts (MA)	19490	Ohio (OH)	725		



If this is a new account, or if you will be adding a jurisdiction for the first time and do not have any actual mileage to report, you must estimate your mileage.

When using estimated miles, the above chart is per vehicle. If you have more than one vehicle in the fleet, you must multiply the estimated mileage by the number of vehicles in your fleet.

The Estimated Mileage Chart may be used if you have no other source for obtaining mileage. You must justify your mileage figures in the scope of operation section of your IRP Application.