REGISTRY OF MOTOR VEHICLES

International Registration Plan (IRP) Supplement Application

Registry of Motor Vehicles · IRP Section
PO Box 55889 · Boston, MA 02205-5889 · PHONE: 857-368-8120

Instructions

Complete this form to add a newly purchased vehicle to an existing fleet, plate transfer, plate swap, add registration, or a vehicle amendment (color, insurance, weight, passengers, or seats). Insurance stamp is required for these transaction types (Section L). The original Registration and Title Application (RTA) is required if the vehicle was purchased from a MA dealership, in addition to this IRP Supplement Application.

IRP Equipment Information

• N1 - Action – Place an "A" in the action box if adding a vehicle. Place a "D" in the Action box if deleting the vehicle. Place a "C" in the Action box if changing any vehicle information.

• N2 - Enter Plate Number if transferring a plate. Leave blank for new plates.

• N3 - Unit Number cannot exceed 10 characters.

• N4 - Use BU for Bus, CM for Concrete Mixer, CR for Crane, DT for Dump Truck, LG for Log Truck, MT for Mobile Home Toter, SP for Special Truck, ST for Straight Truck, TK for Truck, TT for Truck Tractor, TR for Tractor, WK for Wrecker Plus, WR for Wrecker.

• N5 - Empty or Tare weight of power unit only.

• N6 - Gross Vehicle Weight - the weight of the power unit plus the payload it will carry.

• N7 - Combined Gross Vehicle Weight - GVW plus the weight of the trailer and its payload.

• N8 - Axles - enter the axles for the power unit only.

• N9 - Combined Axles - enter the axles for the power unit plus the trailer.

• N10 - Seats - the total number of seats, including the driver.

• N13 - If hauling milk into the state of Vermont and the IRP classification is Truck Tractor, answer yes. In this instance, the registered weight can be a maximum of 90,000 lbs. per the IRP Plan.

• N14 - Answer yes if this vehicle travels less than 10,000 miles per year. It is uncommon for interstate carriers to travel less than 10,000 miles.

• N15 - Indicate yes or no if you are under an employment lease agreement. Enter start and end dates of lease.

• Section O, boxes 1-5, indicate the USDOT# and TIN# of the motor carrier responsible for safety (MCRS) of this vehicle.

• MCRS Authorization Requirement: If the MCRS listed for a vehicle is different from the vehicle owner, or the account holder, the applicant must provide an employment lease agreement or notarized statement which authorizes the use of the USDOT number. If the USDOT is assigned to a company, the notarized statement must be on the company letterhead. The following information must be included on the lease agreement or notarized statement: USDOT number, Tax Identification Number (TIN) of the MCRS, the name of the individual or company that has permission to use that USDOT number, and the year, make, model, and VIN for each vehicle that is authorized under this agreement. The documents cannot be altered in any way, and the original must be presented at the initial registration of the vehicle and at each renewal. You must notify the IRP section when the agreement to use the USDOT number has ended. Submit a new IRP Supplement Application and USDOT authorization document if the MCRS is changing.

• Section P – Weight Field - The registered weight per jurisdictions will default to GVW or CGVW unless you specify a different weight.

• Distance – If this fleet travelled during a prior reporting period, you must report the Actual Distance, if applicable.

• Vehicle Owner's Limited Power of Attorney - This form is required for each application that is not signed by the owner.

• Application(s) must be signed. Incomplete or illegible applications will be returned to the registrant without processing.

A. Application for Changes

Select the transaction to be performed.

A1. Account Number	A2. Registration Year	A3. Supplement Number
		OFFICE USE ONLY

A4. Name on Account

I would like to:

- ☐ **Add a Vehicle**
  - ☐ **Registration Title**
  - ☐ **Transfer a plate**
  - ☐ **Plate Swap**
- ☐ **Replace CAB Card**

Amend Information

- ☐ **US DOT/TIN**
- ☐ **Weight**
- ☐ **Vehicle / Equipment Info**
- ☐ **Other** _____

B. Account Information

B1. Identification Number
☐ FEIN ☐ SSN

B2. Fleet Name

B3. Location Address | Apt. # | City | State | Zip Code

B4. Contact First Name | Last Name

B5. Email

B6. Phone Number
☐ Business ☐ Cell ☐ Home

Account # _____ Unit/Owner Equipment Number _____

C. Vehicle Information

C1. Vehicle Identification Number (VIN) | **C2.** Body Style

C3. Registration Type: ☐ Passenger ☐ Commercial ☐ Bus ☐ Livery ☐ Camper ☐ Trailer ☐ Taxi ☐ Motorcycle ☐ Semi-Trailer ☐ Other: _____

C4. Color(s): ☐ Black ☐ White ☐ Brown ☐ Blue ☐ Yellow ☐ Gray ☐ Red ☐ Purple ☐ Green ☐ Orange ☐ Gold ☐ Silver

C5. Year | Make | Model | Model# | Trim

C6. Transmission Type: ☐ Automatic ☐ Other: _____ ☐ Manual

C7. Number of: Cylinders/Passengers/Doors / /

C8. Fuel Type: ☐ Gas ☐ Electric ☐ Propane ☐ Diesel ☐ Hybrid ☐ Other: _____

C9. Odometer (Miles)

C10. Bus: ☐ Regular ☐ DPU ☐ School Bus ☐ School Pupil ☐ School Pupil/Taxi ☐ School Pupil/Livery

C11. If carrying passengers for hire, enter max seating capacity _____

C12. Total Gross Weight (Laden) *Cannot exceed GVWR* _____

D. Title Information

D1. Vehicle Condition ☐ New ☐ Used

D2. Previous Title Issue Date (MM/DD/YYYY)

D3. Previous Title Number | Previous Title State | Previous Title Country

D4. Title Type: ☐ Clear ☐ Salvage ☐ Reconstructed ☐ Theft ☐ Prior Owner Retained ☐ Owner Retained

D5. Primary Salvage Title Brand: ☐ Repairable ☐ Parts Only

D6. Secondary Salvage Brand(s): ☐ Vandalism ☐ Flood ☐ Theft ☐ Fire ☐ Salt ☐ Collision ☐ Other

E. Owner 1 Information

E1. Select Owner(s) Identification Requirement being provided for registration purposes ☐ MA License/ID ☐ Out-of-State License ☐ Out-of-Country License ☐ Social Security Number ☐ Lawful Presence

E2. 1st Owner's Name (Last, First, Middle) | **E3.** Date of Birth (MM/DD/YYYY) | **E4.** License#/ ID#/ SSN

E5. Residential Address | Apt.# | City | State | Zip Code | **E6.** State/Country of License/ID

E7. Mailing Address ☐ Same as Residential | Apt.# | City | State | Zip Code | **E8.** Exp. Date of License/ ID/ Lawful Presence

E9. Email | ☐ Cell ☐ Home ☐ Work | Phone#

Owner 2 Information

E10. Select Owner(s) Identification Requirement being provided for registration purposes ☐ MA License/ID ☐ Out-of-State License ☐ Out-of-Country License ☐ Social Security Number ☐ Lawful Presence

E11. 2nd Owner's Name (Last, First, Middle) | **E12.** Date of Birth (MM/DD/YYYY) | **E13.** License#/ ID#/ SSN

E14. Residential Address | Apt.# | City | State | Zip Code | **E15.** State/Country of License/ID

E16. Mailing Address ☐ Same as Residential | Apt.# | City | State | Zip Code | **E17.** Exp. Date of License/ ID/ Lawful Presence

E18. Email | ☐ Cell ☐ Home ☐ Work | Phone#

F. Lessee Information / In Custody of

F1. 1st License #/ ID #/ SSN/ FID	**F2.** 1st Lessee or Corp/Co/Organizations Name	**F3.** 1st Lessee Address
F4. 2nd License #/ ID #/ SSN/ FID	**F5.** 2nd Lessee or Corp/Co/Organizations Name	**F6.** 2nd Lessee Address

G. Business Owner Information

G1. Email | ☐ Cell ☐ Home ☐ Work | Phone#

G2. EIN/FID | **G3.** Corp/Co/Organization/Lessor Name | **G4.** USDOT# | **G5.** TIN

G6. DBA *Dealer - Farmer - OC - Repair - and Transporter use only* | **G7.** SSN if Sole Proprietor

G8. Physical Address | Apt.# | City | State | Zip Code

G9. Mailing Address ☐ Same as Physical Address | Apt.# | City | State | Zip Code

Account # _____ Unit/Owner Equipment Number _____

H. Garaging Address
Address where vehicle is principally garaged.

H1. Address | Apt.# | City | State | Zip Code

I. Lienholder Information
The bank, financial institution, or private party that financed your vehicle loan.

1st Lien Code	Name	Address
2nd Lien Code	Name	Address
3rd Lien Code	Name	Address

J. Sales or Use Tax Schedule
Numbers J1 or J2 must be completed by a licensed dealer. Number J3 must be completed for all casual/private sales. Number J4 is completed for sales tax exemptions by the RMV.

J1. Sale by Licensed Motor Dealer EIN/FID#: _____

Authorized Dealer's Signature: _____

MSRP: _____ Total Sales Price: _____

Less Manufacturers Excise: _____

Trade-In 1 VIN: _____ Less Trade-In Allowance: _____

Year: _____ Make: _____ Model: _____

Trade-In 2 VIN: _____ Less Trade-In Allowance: _____

Year: _____ Make: _____ Model: _____

Taxable Sales Price: _____ MA Sales Tax Paid: _____

J2. Sale By Auction

Sale Price including Buyer's Premium: _____

J3. Sale By Other Than Motor Vehicle Dealer or Auction House (Casual Sale)

Gross Sale Price (Proof Required): _____

MA Sales/Use Tax: _____

Out of State Sales Tax Previously Paid: _____

State that Sales Tax was Paid to: _____

J4. Claim Exemption Code _____

Form Attached (If Required)

K. Purchase Information

K1. Purchase Date:

K2. Is this vehicle being converted from another state with the same owner? ☐ Yes ☐ No
If Yes, answer questions L3-L5 below

K3. MA Resident at Time of Purchase? ☐ Yes ☐ No

K4. Was Mass Sales Tax Previously Paid? ☐ Yes ☐ No

K5. Proof of Tax or Letter of Delivery provided? ☐ Yes ☐ No

L. Insurance Information

L1. Insurance Company

L2. Insurance Code

L3. Effective Date of Insurance

L4. Self Insured? ☐ Yes ☐ No

L5. Policy Change Date

The company signatory hereto hereby certifies that it has or will insure or guarantee performance by the applicant herein before named with respect to the motor vehicle herein before described for a period at least coterminous with that of such registration under a motor vehicle liability policy, binder or bond which conforms to the provisions of general laws, Chapter 175, Section 113A, and that the premium charge and classification on the effective date of registration are as established by the commissioner of insurance under Chapter 175, Section 113B, 113H and Chapter 175E.

Insurance Company's Authorized Representative's Signature

M. Seller Information

M1. Seller Name (Please Print)

M2. Address | Apt.# | City | State | Zip Code

N. IRP Equipment Information

N1. Action	**N2.** Plate Number	**N3.** Unit/Owner Equipment Number	**N4.** IRP Classification
N5. Unladen Weight	**N6.** Gross Vehicle Weight		**N7.** Combined Gross Vehicle Weight
N8. Axles	**N9.** Combined Axles		**N10.** Seats (bus only)
N11. Does this vehicle pull a trailer? ☐ Yes ☐ No	**N12.** Does this vehicle transport hazardous material? ☐ Yes ☐ No		**N13.** Does this vehicle transport milk? ☐ Yes ☐ No
N14. Does this vehicle travel less than 10,000 miles? ☐ Yes ☐ No	**N15.** Is this vehicle under employment lease? ☐ Yes ☐ No Lease Effective From:		Lease Effective To:

Account # _____ Unit/Owner Equipment Number _____

O. Carrier Responsible for Safety

You must attach proof of authorization of use if the DOT owner and vehicle/fleet owner are different.

O1. USDOT	**O2.** TIN	**O3.** MCRS Name

O4. Is the carrier expected to change? ☐ Yes ☐ No

O5. USDOT Authorization Document – If you are a Registrant only, the USDOT is not your own, and you have been granted authorization by the carrier to use their USDOT Number, you must provide one of the following. (See MCRS Authorization Requirement on page 1)

☐ Employment Lease Agreement
☐ Notarized Letter on company letterhead

Purchase Information

O6. Was the vehicle purchased new by your company? ☐ Yes ☐ No	**O7.** Purchase Date	**O8.** Purchase Price

P. Weight and Distance Information

Enter the registered weight per jurisdiction (including Canadian jurisdictions) in pounds. This is the weight that will appear on your Cab Card.
If required to enter miles, list the actual distance this fleet has traveled from July 1 to June 30 from the most recent reporting period. Leave mileage boxes blank if you are not reporting miles.

Jurisdiction	Registered Weight	Distance	Jurisdiction	Registered Weight	Distance
Alabama			New Brunswick (CAN)		
Alberta (CAN)			New Hampshire		
Arizona			New Jersey		
Arkansas			New Mexico		
British Columbia (CAN)			New York		
California			Newfoundland & Labrador (CAN)		
Colorado			North Carolina		
Connecticut			North Dakota		
Delaware			Nova Scotia (CAN)		
Dist. of Columbia (USA DC)			Ohio		
Florida			Oklahoma		
Georgia			Ontario (CAN)		
Idaho			Oregon		
Illinois			Pennsylvania		
Indiana			Prince Edward Island (CAN)		
Iowa			Quebec (CAN)		
Kansas			Rhode Island		
Kentucky			Saskatchewan (CAN)		
Louisiana			South Carolina		
Maine			South Dakota		
Manitoba (CAN)			Tennessee		
Maryland			Texas		
Massachusetts			Utah		
Michigan			Vermont		
Minnesota			Virginia		
Mississippi			Washington		
Missouri			West Virginia		
Montana			Wisconsin		
Nebraska			Wyoming		
Nevada					

Units listed on this application will be authorized to operate in the jurisdictions and at the weights listed above. The weight recorded above will appear on the CAB Card for all IRP Jurisdictions for the units listed.

Q. Certification and Signature(s) of Applicant(s)

Application is not complete without all required signatures.

I/We the applicants 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 RMV reserves the right to verify any representations or documents you provide. Whoever knowingly makes any false statement in application for registration of a motor vehicle is subject to prosecution and a fine and/or imprisonment upon conviction (M.G.L. c.90, §24). The Registrar may also revoke any registration obtained by false statements or misrepresentations. I hereby affirm under the penalty of perjury that the representations and/or documents I have provided in this Section are true and accurate. I further understand that falsely affirming to any matter required by the Registrar under Chapter 90 may be considered to be the commission of perjury under Chapter 90, Section 28 and punished as such under M.G.L. c. 268, §1.

Signature: Owner/Lessee 1 _____ Date: _____

Printed Name 1 _____ Position _____

Signature: Owner/Lessee 2 _____ Date: _____

Printed Name 2 _____ Position _____

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).