



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 M) .

Instructions for IRP Equipment Information (Section O)

*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.

*O4 - 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, WK for Wrecker Plus, WR for Wrecker.

*O5 - Indicate the weight of the EMPTY vehicle.

*O6 -Gross Weight is the maximum operating weight of a vehicle specified by the manufacturer.

*O9 - Indicate if the vehicle pulls a trailer.

*O10 - Combined Weight (Gross Weight plus the Weight of the trailer).

*O11 - If the unit pulls a trailer indicate the number of axles and trailer axles combined.

*P1-4 - Indicate if the motor carrier responsible for the safety of this vehicle is expected to change during this Registration year.

Important Additional Information

USDOT Numbers- Under the Performance and Registration Information Systems Management (PRISM) program, an applicant must have a valid USDOT number that is unique to their IRP Account. Multiple accounts may not be opened using the same USDOT number, and you may not open an account using a USDOT other than your own.

You may need to complete one or more of the following forms as part of your application:

- **Power of Attorney:** Power of Attorney is required for each vehicle contained on your application that is not titled in your name. Power of Attorney is a notarized statement on company letterhead signed by an authorized representative.
- **MCRS Authorization:** If the MCRS listed for a vehicle is different from the vehicle owner, or the account holder, the applicant must provide a 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 company letterhead. The following information must be included on the lease agreement or notarized statement: USDOT number, Tax Identification Number (FEIN or SSN), the name of the company authorizing the use of their USDOT number and the name of the individual/company that has permission to use that USDOT number. The documents can not have been altered, and the original must be presented at each renewal. A company should notify the IRP section in writing when the agreement to use the USDOT number has ended.
- **Applications 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.	I would like to:	Amend Information
A1. Account Number	A2. Registration Year	A3. Supplement Number		<input type="checkbox"/> Add a Vehicle	<input type="checkbox"/> US DOT/TIN <input type="checkbox"/> Other
			OFFICE USE ONLY	<input type="checkbox"/> Registration Title	<input type="checkbox"/> Account Information
A4. Name on Account				<input type="checkbox"/> Transfer a plate	<input type="checkbox"/> Fleet Information
				<input type="checkbox"/> Plate Swap	<input type="checkbox"/> Weight
				<input type="checkbox"/> Replace CAB Card	<input type="checkbox"/> Vehicle / Equipment Info

B. Account Information					
B1. Identification Number			B2. Fleet Name (optional)		
<input type="checkbox"/> FEIN <input type="checkbox"/> SSN					
B3. Location Address		Apt. #	City	State	Zip Code
B4. Contact First Name			Last Name		B5. Email
B6. Phone Number			B7. Fax Number		
<input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home					

C. Fleet Information		Complete this section if you are amending fleet information.				C1. Carrier Type	<input type="checkbox"/> Private	<input type="checkbox"/> For-Hire	<input type="checkbox"/> Rental	<input type="checkbox"/> Goods	<input type="checkbox"/> Exempt
C2. If Rental, is it greater or equal to 45 days?		<input type="checkbox"/> Yes <input type="checkbox"/> No		C3. If Goods, Representative Name			C4. Do you have a WY Operating Authority Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No				
C5. Are you a carrier Registrant only? If No, complete C6 - C7.			<input type="checkbox"/> Yes <input type="checkbox"/> No		C6. USDOT#			C7. TIN			

D. Vehicle Information		D1. Vehicle Identification Number (VIN)			D2. Body Style	
D3. Registration Type: <input type="checkbox"/> Passenger <input type="checkbox"/> Commercial <input type="checkbox"/> Bus <input type="checkbox"/> Livery <input type="checkbox"/> Camper <input type="checkbox"/> Trailer <input type="checkbox"/> Taxi <input type="checkbox"/> Motorcycle <input type="checkbox"/> Semi-Trailer <input type="checkbox"/> Other: _____			D4. Color(s): <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Brown <input type="checkbox"/> Blue <input type="checkbox"/> Yellow <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Purple <input type="checkbox"/> Green <input type="checkbox"/> Orange <input type="checkbox"/> Gold <input type="checkbox"/> Silver			
D5. Year	Make	Model	Model#	Trim		
D6. Transmission Type: <input type="checkbox"/> Automatic <input type="checkbox"/> Other: _____ <input type="checkbox"/> Manual		D7. Number of: Cylinders/Passengers/Doors		D8. Fuel Type: <input type="checkbox"/> Gas <input type="checkbox"/> Electric <input type="checkbox"/> Propane <input type="checkbox"/> Diesel <input type="checkbox"/> Hybrid <input type="checkbox"/> Other: _____		D9. Odometer (Miles)
D10. Bus: <input type="checkbox"/> Regular <input type="checkbox"/> DPU <input type="checkbox"/> School Bus <input type="checkbox"/> School Pupil <input type="checkbox"/> School Pupil/Taxi <input type="checkbox"/> School Pupil/Livery			D11. If carrying passengers for hire, enter max seating capacity _____		D12. Total Gross Weight (Laden) Cannot exceed GVWR	

E. Title Information		E1. Vehicle Condition <input type="checkbox"/> New <input type="checkbox"/> Used		E2. Previous Title Issue Date (MM/DD/YYYY)	
E3. Previous Title Number		Previous Title State		Previous Title Country	
E4. Title Type: <input type="checkbox"/> Clear <input type="checkbox"/> Salvage <input type="checkbox"/> Reconstructed <input type="checkbox"/> Theft <input type="checkbox"/> Prior Owner Retained <input type="checkbox"/> Owner Retained		E5. Primary Salvage Title Brand: <input type="checkbox"/> Repairable <input type="checkbox"/> Parts Only		E6. Secondary Salvage Brand(s): <input type="checkbox"/> Vandalism <input type="checkbox"/> Flood <input type="checkbox"/> Theft <input type="checkbox"/> Fire <input type="checkbox"/> Salt <input type="checkbox"/> Collision <input type="checkbox"/> Other	

F. Owner 1 Information		F1. Select Owner(s) Identification Requirement being provided for registration purposes <input type="checkbox"/> MA License/ID <input type="checkbox"/> Out-of-State License <input type="checkbox"/> Out-of-Country License <input type="checkbox"/> Social Security Number <input type="checkbox"/> Lawful Presence			
F2. 1st Owner's Name (Last, First, Middle)		F3. Date of Birth (MM/DD/YYYY)		F4. License#/ ID#/ SSN	
F5. Residential Address		Apt.#	City	State	Zip Code
F6. State/Country of License/ID					
F7. Mailing Address <input type="checkbox"/> Same as Residential		Apt.#	City	State	Zip Code
F8. Exp. Date of License/ ID/ Lawful Presence					
F9. Email		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone#	

Owner 2 Information		F10. Select Owner(s) Identification Requirement being provided for registration purposes <input type="checkbox"/> MA License/ID <input type="checkbox"/> Out-of-State License <input type="checkbox"/> Out-of-Country License <input type="checkbox"/> Social Security Number <input type="checkbox"/> Lawful Presence			
F11. 2nd Owner's Name (Last, First, Middle)		F12. Date of Birth (MM/DD/YYYY)		F13. License#/ ID#/ SSN	
F14. Residential Address		Apt.#	City	State	Zip Code
F15. State/Country of License/ID					
F16. Mailing Address <input type="checkbox"/> Same as Residential		Apt.#	City	State	Zip Code
F17. Exp. Date of License/ ID/ Lawful Presence					
F18. Email		<input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Phone#	

G. Lessee Information / In Custody of					
G1. 1st License #/ ID #/ SSN/ FID		G2. 1st Lessee or Corp/Co/Organizations Name		G3. 1st Lessee Address	
G4. 2nd License #/ ID #/ SSN/ FID		G5. 2nd Lessee or Corp/Co/Organizations Name		G6. 2nd Lessee Address	
H. Business Owner Information			H1. Email <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work Phone#		
H2. EIN/FID		H3. Corp/Co/Organization/Lessor Name		H4. USDOT#	H5. TIN
H6. DBA Dealer - Farmer - OC - Repair - and Transporter use only					H7. SSN if Sole Proprietor
H8. Physical Address		Apt.#	City	State	Zip Code
H9. Mailing Address <input type="checkbox"/> Same as Physical Address		Apt.#	City	State	Zip Code

I. Garaging Address Address where vehicle is principally garaged.

I1. Address _____ Apt.# _____ City _____ State _____ Zip Code _____

J. 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

K. Sales or Use Tax Schedule Numbers K1 or K2 must be completed by a licensed dealer. Number K3 must be completed for all casual/private sales. Number K4 is completed for sales tax exemptions by the RMV.

<p>K1. 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: _____</p>	<p>K2. Sale By Auction Sale Price including Buyer's Premium: _____</p> <p>K3. 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: _____</p> <p>K4. Claim Exemption Code _____ Form Attached (If Required)</p>
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L. Purchase Information

L1. Purchase Date: _____	L2. Is this vehicle being converted from another state with the same owner? If Yes, answer questions L3-L5 below <input type="checkbox"/> Yes <input type="checkbox"/> No
L3. MA Resident at Time of Purchase? <input type="checkbox"/> Yes <input type="checkbox"/> No	L4. Was Mass Sales Tax Previously Paid? <input type="checkbox"/> Yes <input type="checkbox"/> No
	L5. Proof of Tax or Letter of Delivery provided? <input type="checkbox"/> Yes <input type="checkbox"/> No

M. Insurance Information

M1. Insurance Company	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.
M2. Insurance Code	
M3. Effective Date of Insurance	
M4. Self Insured? <input type="checkbox"/> Yes <input type="checkbox"/> No	
M5. Policy Change Date	Insurance Company's Authorized Representative's Signature

N. Seller Information

N1. Seller Name (Please Print) _____

N2. Address _____ Apt.# _____ City _____ State _____ Zip Code _____

O. IRP Equipment Information

O1. Action	O2. Plate Number	O3. Unit/Owner Equipment Number	O4. IRP Classification
O5. Unladen Weight	O6. Gross Vehicle Weight		O7. Seats
O9. Does this vehicle pull a trailer? If Yes, answer questions O10-O11 <input type="checkbox"/> Yes <input type="checkbox"/> No		O10. Combined Gross Vehicle Weight	O11. Combined Axles
O12. Does this vehicle transport hazardous material? <input type="checkbox"/> Yes <input type="checkbox"/> No	O13. Does this vehicle travel less than 10,000? <input type="checkbox"/> Yes <input type="checkbox"/> No	O14. Purchase Price	O15. Purchase Date

P. Carrier Responsible for Safety

P1. USDOT	P2. TIN	P3. Operator Name
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P4. Is the carrier is expected to change? Yes No

Q. Weight Information

Please list the weight you wish to appear on your CAB Card for each Jurisdiction in which you will travel. If you do not plan on travelling in a jurisdiction the default weight assigned to the vehicle will be listed on your CAB Card.

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

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.

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

Application 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).