



ALABAMA DEPARTMENT OF REVENUE

International Registration Plan Mileage Schedule

DEPARTMENT USE ONLY
Effective Date _____
Initials _____

MV IRP-B (1/17)

INSTRUCTIONS ON REVERSE SIDE

Renewal Mo/License Yr.	Account Number	Fleet Number	Email Address
Registrant Name		DBA Name	Contact Person
Business Address		<input type="checkbox"/> Within City Limits <input type="checkbox"/> Outside City Limits	Telephone Number ()
City		State	Zip
US DOT Number		Taxpayer Identification Number	Type of Operation (Check One)
Mailing Address		Commodity Class (Check One)	
City		State	Zip
		<input type="checkbox"/> For Hire Exempt <input type="checkbox"/> For Hire <input type="checkbox"/> Contract Carrier <input type="checkbox"/> For Hire Rental <input type="checkbox"/> Private <input type="checkbox"/> Common Carrier <input type="checkbox"/> All <input type="checkbox"/> Logs <input type="checkbox"/> Exempt <input type="checkbox"/> Passengers <input type="checkbox"/> Household Goods	

List mileage accrued in each jurisdiction in which the fleet traveled during the period 07/01/____ through 06/30/____.
If this is a new operation, please attach a Schedule G.

"X"	JURISDICTION	MILEAGE	"X"	JURISDICTION	MILEAGE	"X"	JURISDICTION	MILEAGE
<input type="checkbox"/>	AL-ALABAMA		<input type="checkbox"/>	MI-MICHIGAN		<input type="checkbox"/>	TX-TEXAS	
<input type="checkbox"/>	AK-ALASKA		<input type="checkbox"/>	MN-MINNESOTA		<input type="checkbox"/>	UT-UTAH	
<input type="checkbox"/>	AR-ARKANSAS		<input type="checkbox"/>	MO-MISSOURI		<input type="checkbox"/>	VA-VIRGINIA	
<input type="checkbox"/>	AZ-ARIZONA		<input type="checkbox"/>	MS-MISSISSIPPI		<input type="checkbox"/>	VT-VERMONT	
<input type="checkbox"/>	CA-CALIFORNIA		<input type="checkbox"/>	MT-MONTANA		<input type="checkbox"/>	WA-WASHINGTON	
<input type="checkbox"/>	CO-COLORADO		<input type="checkbox"/>	NC-NORTH CAROLINA		<input type="checkbox"/>	WI-WISCONSIN	
<input type="checkbox"/>	CT-CONNECTICUT		<input type="checkbox"/>	ND-NORTH DAKOTA		<input type="checkbox"/>	WV-WEST VIRGINIA	
<input type="checkbox"/>	DC-DIST. COLUMBIA		<input type="checkbox"/>	NE-NEBRASKA		<input type="checkbox"/>	WY-WYOMING	
<input type="checkbox"/>	DE-DELAWARE		<input type="checkbox"/>	NH-NEW HAMPSHIRE		<input type="checkbox"/>	AB-ALBERTA	
<input type="checkbox"/>	FL-FLORIDA		<input type="checkbox"/>	NJ-NEW JERSEY		<input type="checkbox"/>	BC-BRIT. COLUMBIA	
<input type="checkbox"/>	GA-GEORGIA		<input type="checkbox"/>	NM-NEW MEXICO		<input type="checkbox"/>	MB-MANITOBA	
<input type="checkbox"/>	IA-IOWA		<input type="checkbox"/>	NV-NEVADA		<input type="checkbox"/>	NB-NEW BRUNSWICK	
<input type="checkbox"/>	ID-IDAHO		<input type="checkbox"/>	NY-NEW YORK		<input type="checkbox"/>	NF-NEWFOUNDLAND	
<input type="checkbox"/>	IL-ILLINOIS		<input type="checkbox"/>	OH-OHIO		<input type="checkbox"/>	NS-NOVA SCOTIA	
<input type="checkbox"/>	IN-INDIANA		<input type="checkbox"/>	OK-OKLAHOMA		<input type="checkbox"/>	NT-N W TERRITORY	
<input type="checkbox"/>	KS-KANSAS		<input type="checkbox"/>	OR-OREGON		<input type="checkbox"/>	ON-ONTARIO	
<input type="checkbox"/>	KY-KENTUCKY		<input type="checkbox"/>	PA-PENNSYLVANIA		<input type="checkbox"/>	PE-PRINCE ED. IS.	
<input type="checkbox"/>	LA-LOUISIANA		<input type="checkbox"/>	RI-RHODE ISLAND		<input type="checkbox"/>	QC-QUEBEC	
<input type="checkbox"/>	MA-MASSACHUSETTS		<input type="checkbox"/>	SC-SOUTH CAROLINA		<input type="checkbox"/>	SK-SASKATCHEWAN	
<input type="checkbox"/>	MD-MARYLAND		<input type="checkbox"/>	SD-SOUTH DAKOTA		<input type="checkbox"/>	YT-YUKON TERR.	
<input type="checkbox"/>	ME-MAINE		<input type="checkbox"/>	TN-TENNESSEE		<input type="checkbox"/>	MX-MEXICO	
TOTAL MILES								

I affirm under oath that the information contained in this application is true and correct and by signing this application, I am aware of the International Registration Plan Record Keeping Requirements.

*By: _____ Title: _____ Date: _____

*must be an owner, partner, corporate officer, or hold power of attorney for the registrant.

MILEAGE SCHEDULE INSTRUCTIONS

RENEWAL MONTH/LICENSE YEAR: the renewal month and license year for which you are registering. Renewal month will be assigned to new applicants.

ACCOUNT NUMBER: the account number assigned by the Motor Vehicle Division.

FLEET NUMBER: the two digit fleet number assigned by the Motor Vehicle Division

REGISTRANT NAME: the legal name of the person, firm, or corporation in which the account is registered.

DBA NAME: the name in which the registrant is Doing Business As (DBA).

CONTACT PERSON: name, telephone number, fax number, and e-mail address of the person who is authorized to conduct business on behalf of the registrant.

BUSINESS ADDRESS: the street or highway and building number, or rural route box number (no P O Boxes) along with the city, state, and zip code of the location where the records are maintained.

US DOT NUMBER: the number assigned to the Motor Carrier Responsible for Safety (MCRS) of the vehicle by the FMCSA. (if applicable)

TAXPAYER IDENTIFICATION NUMBER (TIN): the nine digit FEIN or SSN of the registrant.

MAILING ADDRESS: The address to which any correspondence may be mailed if different from the business address.

TYPE OF OPERATION (Check One)

For Hire Exempt – Hauls property exempt from federal regulation when it crosses jurisdiction lines.

For Hire – Hauls FMCSA regulated property for common or contract carriers.

Private – Hauls your own property.

Common Carrier – Has FMCSA authority to haul for anyone at any time.

Contract Carrier – Has FMCSA authority to haul only under contract.

For Hire Rental – Has a fleet of vehicles to be rented to others.

COMMODITY CLASS (Check One)

All – Any type of property/commodities.

Exempt – Anything not regulated by the FMCSA.

Logs – Trees cut from the forest with the branches and roots removed.

Passengers – FMCSA regulated when crossing jurisdiction lines.

Household Goods – FMCSA regulated when crossing jurisdiction lines.

MILEAGE INFORMATION

“X” COLUMNS: enter a “X” in box in front of each IRP jurisdiction for which you have actual miles.

TOTAL FLEET MILES: add the mileage reported for each jurisdiction and enter the total in this space.

SIGNATURE/TITLE/DATE: original signature of the owner, partner, corporate officer or person holding power of attorney for the company.

The office mailing address is:

ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
MOTOR CARRIER SERVICES UNIT
P.O. BOX 327620
MONTGOMERY, AL 36132-7620

Website: <http://revenue.alabama.gov/motorvehicle/>

The office is located in the:

ALABAMA TAXPAYER SERVICE CENTER
2545 TAYLOR ROAD
MONTGOMERY, AL 36117
Telephone: (334) 242-9000
Fax: (334) 242-9073

Email: mcs@revenue.alabama.gov