# ALABAMA DEPARTMENT OF REVENUE

**International Registration Plan Mileage Schedule**

**INSTRUCTIONS ON REVERSE SIDE**

<table>
<thead>
<tr>
<th>Renewal Mo/License Yr.</th>
<th>Account Number</th>
<th>Fleet Number</th>
<th>Email Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Register Name</td>
<td>DBA Name</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Business Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Telephone Number</td>
</tr>
<tr>
<td>US DOT Number</td>
<td>Taxpayer Identification Number</td>
<td>Type of Operation (Check One)</td>
<td>Commodity Class (Check One)</td>
</tr>
<tr>
<td>Mailing Address</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
<td>Zip</td>
<td>Fax Number</td>
</tr>
</tbody>
</table>

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.

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.
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. Indicate whether this location is within or outside the city limits.

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. If no mileage was accrued in a jurisdiction leave blank. Effective January 1, 2015, under Full Reciprocity Plan (FRP), we will no longer use estimated distance. Instead, the average per vehicle distance (APVD) chart will be used for all new fleets. Also under FRP, cab cards will show all jurisdictions.

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 registrant.