



MV IRP-B (2/19)

# ALABAMA DEPARTMENT OF REVENUE International Registration Plan Mileage Schedule

**INSTRUCTIONS ON REVERSE SIDE**

DEPARTMENT USE ONLY

Effective  
Date \_\_\_\_\_

Initials \_\_\_\_\_

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

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) 242-2999

Email: [mcs@revenue.alabama.gov](mailto:mcs@revenue.alabama.gov)