

MAINE IRP APPLICATION

MAIL OR FAX TO: IRP UNIT, 29 STATE HOUSE STATION, AUGUSTA ME 04333-0029

TELEPHONE: 207-624-9000 EXT 52135 FAX 207-624-9086

PLEASE PRINT CLEARLY

OFFICE USE ONLY

ACCOUNT # _____ FLEET # _____ SUPPLEMENT #: _____ YEAR _____ LOC CODE: _____

Have you previously been registered in Maine or any other jurisdiction? Yes No If yes, Jurisdiction _____

Were you ever revoked? Yes No

REGISTRANT INFORMATION

A USDOT Number is required when applying for an IRP registration.

USDOT Number: _____ Taxpayer Identification Number (TIN): _____ EIN SSN

LEGAL NAME	DATE OF BIRTH	D/B/A (Doing Business As) if different from legal name
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SOLE PROPRIETOR PARTNERSHIP CORPORATION S CORP LLC STATE OF INCORPORATION: _____ OTHER _____

ARE YOU LEASING TO A MOTOR CARRIER? Yes No IF YES, WITH WHOM? _____

PHYSICAL ADDRESS (Legal)	MAILING ADDRESS (if different from physical address)
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STREET	STREET
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CITY	STATE ME	ZIP	CITY	STATE	ZIP
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PHONE #	FAX #	CELL PHONE #	EMAIL ADDRESS
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IDENTIFY PARTNERS, OR CORPORATE OFFICERS

SSN	NAME	CORPORATE POSITION	PHONE #
1			
2			

IRP CARRIER SECTION

EXEMPT HAUL FOR HIRE PRIVATE CARRIER HOUSEHOLD GOODS RENTAL COMPANY REGISTRANT ONLY

CONTACT NAME	OFFICE USE ONLY
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PHONE #	FAX #	DATE FIRST OPERATED IN IRP FLEET	FLEET EXPIRATION DATE
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If you hire a reporting service or agent to complete your paperwork, complete the section below and attach Power of Attorney.

REPORTING SERVICE / AGENT SECTION

REPORTING SERVICE NAME

ADDRESS CITY/TOWN STATE ZIP

PHONE #	FAX #	SERVICE TO RECEIVE BILLS, PLATES, CORRESPONDENCE, ETC? <input type="checkbox"/> YES <input type="checkbox"/> NO
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OFFICE USE ONLY	<input type="checkbox"/> USE TAX CERT	<input type="checkbox"/> BILL OF SALE	<input type="checkbox"/> EXCISE	<input type="checkbox"/> COMMERCIAL REG	<input type="checkbox"/> CORPORATIONS	<input type="checkbox"/> UMCAMS
<input type="checkbox"/> DEALER'S CERT	<input type="checkbox"/> MCS-150	<input type="checkbox"/> TITLE APP	<input type="checkbox"/> INSURANCE			<input type="checkbox"/> DRIVER INFO
<input type="checkbox"/> FUEL	<input type="checkbox"/> TITLE OR MSO	<input type="checkbox"/> 2290	<input type="checkbox"/> CAB CARD	<input type="checkbox"/> PLATE _____		<input type="checkbox"/> SAFESTAT/MCMIS

CANADIAN VEHICLES: ORIGINALS ONLY	<input type="checkbox"/> ORIGINAL REGISTRATION (CANADIAN)	<input type="checkbox"/> ENTRY SUMMARY 7501	<input type="checkbox"/> ORIGINAL MVT-10	Date Rec'd _____
	<input type="checkbox"/> DOT FORM HS7 IF BOX 3 IS CHECKED ON THE HS7 FORM	<input type="checkbox"/> BOND RELEASE LETTER		

MAINE IRP APPLICATION

PLEASE PRINT CLEARLY

VEHICLE INFORMATION

UNIT NUMBER	MODEL YEAR	MAKE / MODEL	VEHICLE IDENTIFICATION NUMBER				*TYPE	BUSHP	AXLES	SEATS	**FUEL	GROSS WEIGHT	UNLADEN WEIGHT	NAME OF OWNER/LESSOR			
1																	
HAULS TRAILER YES <input type="checkbox"/> NO <input type="checkbox"/>												NUMBER OF AXLES _____			CARRIER RESPONSIBLE FOR VEHICLE SAFETY		
TITLE NUMBER	TITLE JURIS	NEW / USED	PURCHASE PRICE & PURCHASE DATE	FACTORY PRICE	IS THIS VEHICLE LEASED OVER 30 DAYS TO ANOTHER CARRIER	LEASE DATE	***USDOT NUMBER	****TAXPAYER IDENTIFICATION NUMBER (TIN)	*****PLEASE INDICATE IF THE CARRIER RESPONSIBLE FOR SAFETY FITNESS OF THE VEHICLE IS EXPECTED TO CHANGE DURING THIS REGISTRATION YEAR.								
		<input type="checkbox"/> N <input type="checkbox"/> U			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO								
2																	
HAULS TRAILER YES <input type="checkbox"/> NO <input type="checkbox"/>												NUMBER OF AXLES _____			CARRIER RESPONSIBLE FOR VEHICLE SAFETY		
TITLE NUMBER	TITLE JURIS	NEW / USED	PURCHASE PRICE & PURCHASE DATE	FACTORY PRICE	IS THIS VEHICLE LEASED OVER 30 DAYS TO ANOTHER CARRIER	LEASE DATE	***USDOT NUMBER	****TAXPAYER IDENTIFICATION NUMBER (TIN)	*****PLEASE INDICATE IF THE CARRIER RESPONSIBLE FOR SAFETY FITNESS OF THE VEHICLE IS EXPECTED TO CHANGE DURING THIS REGISTRATION YEAR.								
		<input type="checkbox"/> N <input type="checkbox"/> U			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO								
3																	
HAULS TRAILER YES <input type="checkbox"/> NO <input type="checkbox"/>												NUMBER OF AXLES _____			CARRIER RESPONSIBLE FOR VEHICLE SAFETY		
TITLE NUMBER	TITLE JURIS	NEW / USED	PURCHASE PRICE & PURCHASE DATE	FACTORY PRICE	IS THIS VEHICLE LEASED OVER 30 DAYS TO ANOTHER CARRIER?	LEASE DATE	***USDOT NUMBER	****TAXPAYER IDENTIFICATION NUMBER (TIN)	*****PLEASE INDICATE IF THE CARRIER RESPONSIBLE FOR SAFETY FITNESS OF THE VEHICLE IS EXPECTED TO CHANGE DURING THIS REGISTRATION YEAR.								
		<input type="checkbox"/> N <input type="checkbox"/> U			<input type="checkbox"/> YES <input type="checkbox"/> NO				<input type="checkbox"/> YES <input type="checkbox"/> NO								
*TYPE OF VEHICLE			**FUEL			***USDOT NUMBER FOR CARRIER RESPONSIBLE FOR VEHICLE SAFETY			****TAXPAYER IDENTIFICATION NUMBER (TIN) FOR CARRIER RESPONSIBLE FOR VEHICLE SAFETY								
TT = TRUCK TRACTOR TK = TRUCK BS = BUS			D = DEISEL G = GASOLINE P = PROPANE			*****INDICATE WHETHER THE CARRIER RESPONSIBLE FOR THE SAFETY OF THE VEHICLE IS EXPECTED TO CHANGE DURING THE REGISTRATION YEAR. CHECK YES OR NO.											

 AUTHORIZED SIGNATURE (VERIFIES THAT INFORMATION IS CORRECT AND VEHICLE SECURITY IS MAINTAINED)

 TITLE

 DATE

DISCLOSURE

This statement is made in accordance with the Federal Privacy Act of 1974, Section 7(b). Providing your Social Security Number or Federal Employer Identification Number is mandatory and is required by State and Federal law or rule to receive motor carrier credentials. Your Social Security Number or FEIN will be used solely for identification purposes and will be kept confidential.

MAINE IRP WEIGHT & MILEAGE SCHEDULE

MAIL OR FAX TO: IRP UNIT, 29 STATE HOUSE STATION, AUGUSTA ME 04333-0029
 TELEPHONE: 800-499-8606 OR 207-624-9000 EXT 52135 FAX: 207-624-9086

OFFICE USE ONLY
ACCOUNT NUMBER
WEIGHT GROUP

REGISTRANT NAME

MILEAGE PERIOD

TOTAL MILEAGE

JURIS	CGW	E / A	MILEAGE	JURIS	CGW	E / A	MILEAGE	JURIS	CGW	E / A	MILEAGE	JURIS	CGW	E / A	MILEAGE
<input type="checkbox"/> AB				<input type="checkbox"/> IN				<input type="checkbox"/> ND				<input type="checkbox"/> QC			
<input type="checkbox"/> AL				<input type="checkbox"/> KS				<input type="checkbox"/> NE				<input type="checkbox"/> RI			
<input type="checkbox"/> AR				<input type="checkbox"/> KY				<input type="checkbox"/> NH				<input type="checkbox"/> SC			
<input type="checkbox"/> AZ				<input type="checkbox"/> LA				<input type="checkbox"/> NJ				<input type="checkbox"/> SD			
<input type="checkbox"/> BC				<input type="checkbox"/> MA				<input type="checkbox"/> NL				<input type="checkbox"/> SK			
<input type="checkbox"/> CA				<input type="checkbox"/> MB				<input type="checkbox"/> NM				<input type="checkbox"/> TN			
<input type="checkbox"/> CO				<input type="checkbox"/> MD				<input type="checkbox"/> NS				<input type="checkbox"/> TX			
<input type="checkbox"/> CT				<input checked="" type="checkbox"/> ME				<input type="checkbox"/> NV				<input type="checkbox"/> UT			
<input type="checkbox"/> DC				<input type="checkbox"/> MI				<input type="checkbox"/> NY				<input type="checkbox"/> VA			
<input type="checkbox"/> DE				<input type="checkbox"/> MN				<input type="checkbox"/> OH				<input type="checkbox"/> VT			
<input type="checkbox"/> FL				<input type="checkbox"/> MO				<input type="checkbox"/> OK				<input type="checkbox"/> WA			
<input type="checkbox"/> GA				<input type="checkbox"/> MS				<input type="checkbox"/> ON				<input type="checkbox"/> WI			
<input type="checkbox"/> IA				<input type="checkbox"/> MT				<input type="checkbox"/> OR				<input type="checkbox"/> WV			
<input type="checkbox"/> ID				<input type="checkbox"/> NB				<input type="checkbox"/> PA				<input type="checkbox"/> WY			
<input type="checkbox"/> IL				<input type="checkbox"/> NC				<input type="checkbox"/> PE				<input type="checkbox"/> OTH			

OTH (OTHER) = TOTAL OF THESE JURISDICTIONS. PLEASE INDICATE. ALASKA HAWAII MEXICO NORTHWEST TERRITORY YUKON TERRITORY

INDICATE WITH A CHECK (✓) THE JURISDICTIONS IN WHICH YOU ARE FILING FOR PROPORTIONAL REGISTRATION.

ENTER THE DECLARED COMBINED GROSS WEIGHT (CGW) FOR EACH STATE. (QC = TOTAL NUMBER OF AXLES.)

ENTER AN **A** OR AN **E** TO INDICATED WHETHER ACTUAL OR ESTIMATED MILEAGE.

PLEASE ANSWER THE FOLLOWING QUESTIONS.

IF WEIGHT IS GIVEN FOR **WY**, DO YOU HAVE INTRASTATE AUTHORITY? Y N IF **TK** IS TRAVELING IN **CO**, DOES IT PULL A TRAILER? Y N

INDICATE WITH A CHECK (✓) IN THE BOX BELOW THE METHOD USED TO DECLARE DISTANCE FILING.

- ACTUAL MILES OPERATED JULY 1 - JUNE 30 OR PORTION THEREOF.
 - ESTIMATED MILES SUPPORTED BY DOCUMENTATION, MILES THAT ARE REASONABLE AND FULLY EXPLAINED. (Enter explanation below. Attach additional sheet if necessary.)
- Motor Carrier Services reserves the right to deny unreasonable estimates.**

ESTIMATED DISTANCE CHART, AS I HAVE NO EVIDENCE TO SUPPORT ESTIMATED MILES.

SIGNATURE

TITLE

DATE

INSTRUCTIONS FOR COMPLETING SCHEDULE A

PAGE 1

Section 1 - ACCOUNT #, FLEET #, SUPP #, YEAR & LOC CODE

Account #, Fleet #, Supplement # Year & Loc Code: Office Use Only

If you have previously been registered in Maine or any other jurisdiction: Check "YES" or "NO"

If YES to the previous question: What jurisdiction were you registered in?

Were you ever revoked? Has your registration ever been revoked? Check "YES" or "NO".

Section 2 - REGISTRANT INFORMATION

US DOT Number: The number assigned to you by the Federal Motor Carrier Safety Administration. If you do not have a US DOT Number, you must fill out an MCS-150 application, or you may go to <http://safer.fmcsa.dot.gov> to obtain your US DOT Number.

Taxpayer Identification Number (TIN): Federal Employer Identification Number is required for a company. Individuals must provide their Social Security Number. Check appropriate box "EIN or "SSN".

Legal Name: The Incorporated name or legal name of the entity registering the vehicle.

D.O.B.: Enter the date of birth of the registrant. If company, leave blank.

Doing Business As (DBA): A trade name, which may or may not be the same as the registrant's name. This field is optional.

Business Type: Check the type of business operation.

Are You Leasing?: Check "YES" or "NO". If you are leasing, state with whom.

Physical Address: The street address and town where the applicant maintains an established place of business in MAINE, and where operational records are maintained or such records can be made available. A Post Office box is not acceptable.

Mailing Address: The address to be used for the mailing of all correspondence regarding this account.

Phone Number: Telephone number of the Registrant.

Fax Number: Fax number of the Registrant.

Cell Phone Number: The cell phone number of the Registrant.

E-Mail Address: The e-mail address of the Registrant.

Section 3 - IDENTIFY PARTNERS OR CORPORATE OFFICERS

SSN: Social Security Number of Partner or Corporate Officer

Name: Name of Partner or Corporate Officer

Corporate Position: Title of Corporate Officer (i.e. President, Secretary, Clerk, etc.)

Phone Number: Telephone number of Partner or Corporate Officer.

Section 4 - IRP CARRIER SECTION

Operation Classification: Check the type of operation conducted.

FOR HIRE - EXEMPT: Hauling only commodities which are exempt from Federal Operating Authority requirements. May need State Authority.

FOR HIRE - REGULATED: Hauling commodities which are subject to Federal Operating Authority requirements.

PRIVATE CARRIER: Hauling only your own property.

HOUSEHOLD GOODS: Hauling Household Goods for hire.

RENTAL COMPANY: Renting or leasing vehicles to others.

REGISTRANT ONLY: Do not have your own Operating Authority, and will be leasing to a Motor Carrier.

Contact Person: The person responsible for maintaining applicant records and is familiar with IRP requirements. This is the person who will be contacted to resolve any IRP issues which may arise.

Telephone Number: The telephone number of the contact person.

Fax Number: The fax number of the contact person.

Date First Operated In IRP Fleet: Office Use Only

Fleet Expiration Date: Office Use Only

Section 5 - REPORTING SERVICE / AGENT SECTION

Complete this section if you hire a reporting service or agent to complete your paperwork, authorize and sign your documents. A Power of Attorney must be provided if this section is completed.

Reporting Service Name: Name of Reporting Service or Agent.

Address: Address of Reporting Service or Agent.

Telephone Number: The telephone number of the Reporting Service of Agent.

Fax Number: The fax number of the Reporting Service or Agent.

Service to Receive Bills, Plates, Correspondence, etc.: Check "YES" if registration materials are to be sent to the Reporting Service or Agent, "NO", if registration material are to be sent to the registrant.

Page 2

Section 6 - VEHICLE INFORMATION

Unit Number: Show the equipment or unit number assigned by the registrant.

Model Year: List the model year of the vehicle.

Make/Model: List the make and the model number of the vehicle.

Vehicle Identification Number: List the complete Vehicle Identification Number.

***Type:** Use the vehicle CODE KEY above the Signature Line on Page 2 of the form.

BUSHP: If unit is a bus, list the horsepower.

Axles/Seats: List the number of axles on the power unit, including the steering axle. If unit is a bus, list the number of seats.

****Fuel:** List the fuel type from the CODE KEY above the Signature Line on Page 2 of the form

Gross Weight: List the maximum total weight at which the unit is to be registered. Include the empty weight of the vehicle, trailer, and maximum weight of the load.

Unladen Weight: List the actual empty weight of the unit excluding the weight of any load.

Name of Owner/Lessor: List the name of the owner as recorded on the title, or the person leasing the vehicle.

Title Number: List the vehicle title number.

Title Juris: List the jurisdiction the vehicle is titled in.

New/Used Check "N" if purchased new; "U" if purchased used.

Date of Purchase: List the month, day and year (MM/DD/YY) that the vehicle was purchased by you.

Purchase Price: List the actual price you paid for the vehicle

Factory Price List the manufacturer's suggested retail price of the vehicle when new.

Leased: Will the vehicle be leased to another carrier for 30 days or more? Please check "YES" or "NO".

Leased Date: If the vehicle was leased, list the month, day and year (MM/DD/YY) the current lease started.

*****US DOT Number:** List the Motor Carrier US DOT number for the carrier responsible for vehicle safety.

******Taxpayer Identification Number (TIN):** List the Social Security Number or Federal Employer Identification Number for the carrier responsible for vehicle safety.

******Vehicle Safety:** Indicate whether the carrier responsible for the safety of the vehicle is expected to change during the registration year. Check "YES" or "NO"

Section 7 - SIGNATURE

Authorized Signature: Signature of registrant or Agent with P.O.A. on file.

Title: Title or position of the person signing the form (i.e. Owner, President, Agent, etc.) If you are a registration agent, please submit proof of Power of Attorney, if not on file. **Your application cannot be processed without this.**

Date: Enter the date the application is signed.