



**STATE OF TENNESSEE
INTERNATIONAL REGISTRATION PLAN
SCHEDULE A**

A	
Name of Registrant _____	
Doing Business As: _____	
Business Street Address _____	
City _____	County _____ State _____ Zip Code _____
Registrant's FEIN/SSN/TIN _____	Registrant's U.S. DOT# _____

B	
Mailing Address _____	
City _____	State _____ Zip Code _____

C				
License Yr. _____	IRP Account# _____	Fleet # _____	Page _____	of _____
Person to Contact Regarding Application:				
Name _____	Telephone No. _____	Fax No. _____		

E
Temporary Permit Requested? (Please check one) Yes <input type="checkbox"/> No <input type="checkbox"/>

Jurisdiction Use Only	
New Account _____	
Renewal _____	
Supplement # _____	

F			
Carrier Type: Private <input type="checkbox"/>	For-Hire <input type="checkbox"/>	Buses <input type="checkbox"/>	Household Goods <input type="checkbox"/>

D. UNITS LISTED BELOW WILL BE AUTHORIZED TO OPERATE JURISDICTIONS AND AT THE WEIGHT LISTED BELOW. LIST WEIGHTS IN THE BOX FOR EACH JURISDICTION.

AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA
IA	ID	IL	IN	KS	KY	LA	MA	MD	ME
MI	MN	MS	MO	MT	NE	NV	NH	NJ	NM
NY	NC	ND	OH	OK	OR	PA	RI	SC	SD
TX	UT	VT	VA	WA	WV	WI	WY	AB	BC
MB	NB	NL	NS	ON	PE	QC	SK		

ADDITIONS * Will the control & responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year by lease? Yes No

1 OEN	2 V.I.N.	3 YR	4 MAKE	5 TYPE	6 AXLES/ SEATS	7 CM BD AXLES	8 FUEL	9 UNLADEN WEIGHT	10 GROSS COMBINED WEIGHT	11 PURCHASE PRICE	12 DATE OF PURCHASE	13 NAME OF OWNER-LESSOR OR NAME OF LESSEE OF RENTAL VEHICLE	JURIS	14 TITLE NUMBER	15 *U.S. DOT#	16 TIN

G. DELETIONS

OEN	V.I.N.	LICENSE PLATE #	DECAL #	REASON REMOVED

OFFICE USE ONLY		
	DATE	INITIALS
HVUT		
MCS-150		
VERIFIED & KEYED		
AUDITED		
CREDENTIALS		
RELEASED		

H. Declaration: Under penalty of perjury, the undersigned declares that the information on this application is true and correct.

By: _____ Date: _____

Title: _____

Schedule A and Application Instructions

Complete Items A, B and C. A street address or road location must be given for license plates to be mailed. A Federal Employee Identification Number (FEIN) shall be used, if one has not been issued a Social Security Number (SSN) may be used. The name, telephone and fax number of the person who is responsible for completion of this application must be provided.

Item D:

1. Determine the different gross/combined gross weight for your account.
(Example - 5 vehicles @ 56,000 and 5 vehicles @ 80,000)
2. Complete 1 Schedule A for a new account or an established account for each group of vehicles defined in Item #1.
3. If you require a special weight for a particular jurisdiction, write the desired weight in the jurisdictional box.
(Example: Tennessee @ 56,000 and Kentucky @ 55,000 lbs.)

The following columns must be completed:

Column 1 - Assigned owner Equipment number (1-999999999)

Column 2 - Vehicle identification number

Column 3 - Year of vehicle

Column 4 - Make of vehicle - Example: Dodge = Dodg, Ford = Ford, Freightliner = FRHT, GMC = GMC, International = INTL

Column 5 - Type: TT = Truck Tractor, TK = Single Truck, TR = Tractor, BS = Bus

Column 6 - Number of axles for trucks. Number of seats for buses.

Column 7 - Number of combined axles.

Column 8 - Fuel Type - D = Diesel, G = Gas

Column 9 - Unladen weight = Empty weight

Column 10 - Gross/combined weight = Registered weight

Column 11 - Purchase price = Purchase price of vehicle. (Excluding trade-in and sales tax, but including accessories or modifications).

Column 12 - Purchase Date - Date vehicle was purchased.

Column 13 - Name of Owner (Lessor) or Name of Lessee of rental vehicle.

Column 14 - Title number - Enter the jurisdiction and the title number of the vehicle being added.

Column 15 - U.S. DOT# - The motor carrier responsible for the safety of each unit, if different from the registrant. If you have multiple vehicles using the same U.S. DOT number, record the number in the first U.S. DOT number field for the first vehicle, then record "same" in the second vehicle's U.S. DOT number field. If all subsequent fields are using the same U.S. DOT number, you can draw a line through the remaining U.S. DOT number fields.

Column 16 - Tennessee Identification Number (TIN) - The motor carrier responsible for the safety of each OEN, if different from the registrant.

Item E - Temporary Permit Requested - Place a \checkmark in the appropriate box.

Item F - Carrier Type: Place an X in the appropriate box.

Item G - Deletions - Complete all information requested.

Note: The original cab card and license plate must accompany an upgrade/downgrade transaction.

The original cab card must accompany a tag reassignment, change of ownership, weight increase/decrease transaction.

If the cab card cannot be returned, complete the affidavit for lost cab card Item I.

Item H - Declaration: Signature, date and title of preparer must be completed.

Item I - Affidavit for Lost Cab Card.

ITEM I

I certify that the International Registration Plan Apportioned Cab Card(s) issued for the owner equipment number(s) listed below have been lost.		
OEN _____	MAKE _____	YEAR _____
OEN _____	MAKE _____	YEAR _____
OEN _____	MAKE _____	YEAR _____
OEN _____	MAKE _____	YEAR _____
OEN _____	MAKE _____	YEAR _____
Manufacturers Identification Number _____		
Manufacturers Identification Number _____		
Manufacturers Identification Number _____		
Manufacturers Identification Number _____		
Manufacturers Identification Number _____		
Manufacturers Identification Number _____		
Registrant/Representative Signature _____		
In the event I locate the above mentioned cab card(s), I will immediately forward them to the Department of Revenue, International Registration Plan Office.		