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 _____ No

—F—

CARRIER TYPE ☐ PRIVATE ☐ FOR-HIRE ☐ BUSES ☐

Jurisdiction Use Only

New Account _____

Renewal _____

Supplement # _____

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	NF	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	14 TITLE NUMBER	15 *U.S.DOT#

G. **DELETIONS**

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

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

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

By: _____ Date: _____

SF-1224 Title: _____

See Reverse Side for Instructions, and Affidavit for Lost Cab Card

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 (SSR) 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—Complete 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—If you travel Quebec you must show 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 - Tennessee title number
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.

Item E—Temporary Permit Requested - Place a ✓ 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 a 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 _____
OEN _____ MAKE _____ YEAR _____

Manufacturers Identification Number_____
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 Safety, International Registration Plan Office.