

SCHEDULE A THIS FORM FOR NEW ACCTS ONLY
MCS PROVIDES THE ACCOUNT NUMBER AND FLEET NUMBER

MONTANA DEPARTMENT OF TRANSPORTATION

APPORTIONED REGISTRATION - ORIGINAL APP

PO BOX 4639
HELENA, MT 59604-4639

TEL: (406) 444-2998 FAX: (406) 444-0800 or (406) 444-7670

Need Temporary YES NO

1	Account Number:	Fleet Number:	Supp # 000					LICENSE YEAR:											
Legal Name of Company (REQUIRED)								Name of Contact				F.E.I.N / SS Number							
Doing Business As (if different than Legal Name)								Registrant (REQUIRED)				IFTA License Number							
Physical Location (No P.O. Box)								Prorate Service Name				USDOT Number							
City			State		Zip Code		County			Telephone # FAX				ICC/MC Number					
Mailing Address								FLEET RECORD INFORMATION (Check Type of Operation) <input type="checkbox"/> PC – Private Carrier <input type="checkbox"/> RC – Rental Carrier <input type="checkbox"/> HH - Haul for Hire <input type="checkbox"/> HC – Household Goods				___ WY INTRASTATE AUTHORITY (Y OR N)				___ 10,000 FLEET MILES IN CO. (Y OR N)			
City			State		Zip Code		County												

2	UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AT THE WEIGHTS LISTED BELOW. UNITS OPERATING AT DIFFERENT WEIGHTS MUST BE GROUPED ON SEPARATE SHEETS. <i>For Quebec only please put in Combined Axles Also in the: AXLE/COMBINED AXLE AREA.</i>										CARRIER'S EMAIL ADDRESS:					
AZ		BC		CA		CO		CT		DC		DE		FL		
GA		IA		ID		IL		IN		KS		KY		LA		
MA		MB		MD		ME		MI		MN		MO		MS		
MT		NB		NC		ND		NE		NL		NH		NJ		
NM		NS		NV		NY		OH		OK		ON		OR		
PA		PE		QC		RI		SC		SD		SK		TN		
TX		UT		VA		VT		WA		WI		WV		WY		

(KEY CODES) **TYPE OF VEHICLE:** TR = TRACTOR TK = TRUCK (if TK - specify 1/3 1/4 1 -ton or over - USE FORM C-T FOR TRAILER) BS = BUS (Need HP) **FUEL TYPE:** D = DIESEL P = PROPANE G = GASOLINE O = OTHER
**** Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year?**

3	1	EQUIP. NO.	VEHICLE IDENTIFICATION NUMBER	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16		
																			Y E A R	M A K E
VEHICLE LEVEL	OWNER:			PHONE #:	()			/ /		JURS. TITLED IN & TITLE #:	/				BUS HP:			OVERLENGTH PERMIT:		
								/ /												
	OWNER:			PHONE #:	()			/ /		JURS. TITLED IN & TITLE #:	/				BUS HP:			OVERLENGTH PERMIT:		
									/ /											
	OWNER:			PHONE #:	()			/ /		JURS. TITLED IN & TITLE #:	/				BUS HP:			OVERLENGTH PERMIT:		
									/ /											

4 MONTANA OPERATORS – The undersigned, under oath, swears under penalty of perjury and penalty of law that this vehicle is insured as prescribed by 61-6-302 MCA, and declares to have knowledge of applicable State and Federal Motor Carrier Safety laws and that the information furnished in this application and the attached schedules are true and correct.

AUTHORIZED SIGNATURE: _____ TITLE: _____ DATE: _____

MONTANA DEPARTMENT OF TRANSPORTATION
PO BOX 4639

SCHEDULE B Acct & Fleet#: _____

HELENA MT 59604-4639

TEL: (406) 444-2998 FAX: (406) 444-0800 or (406) 444-7670

INTERNATIONAL REGISTRATION PLAN – DISTANCE SCHEDULE & RECAP SHEET FOR NEW OPERATIONS AND ADDING JURISDICTIONS TO CURRENT FLEETS (The mileage reporting period is calculated from July 1 to June 30 of the preceding year.)

MINIMUM ESTIMATED DISTANCE (See Page 21 in IRP MANUAL) MULTIPLY THIS DISTANCE BY THE NUMBER OF VEHICLES LISTED ON YOUR FLEET

JURISDICTION	PRORATE YES / NO	ACTUAL = A ESTIMATE = E	DISTANCE	JURISDICTION	PRORATE YES / NO	ACTUAL = A ESTIMATE = E	DISTANCE	JURISDICTION	PRORATE YES / NO	ACTUAL = A ESTIMATE = E	DISTANCE
AB (Alberta)				ME (Maine)				PE (Prince Edward Island)			
AL (Alabama)				MI (Michigan)				QC (Quebec)			
AR (Arkansas)				MN (Minnesota)				RI (Rhode Island)			
AZ (Arizona)				MO (Missouri)				SC (South Carolina)			
BC (British Columbia)				MS (Mississippi)				SD (South Dakota)			
CA (California)				MT (Montana)				SK (Saskatchewan)			
CO (Colorado)				NB (New Brunswick)				TN (Tennessee)			
CT (Connecticut)				NC (North Carolina)				TX (Texas)			
DC (District of Columbia)				ND (North Dakota)				UT (Utah)			
DE (Delaware)				NE (Nebraska)				VA (Virginia)			
FL (Florida)				NL(Newfoundland & Labrador)				VT (Vermont)			
GA (Georgia)				NH (New Hampshire)				WA (Washington)			
IA (Iowa)				NJ (New Jersey)				WI (Wisconsin)			
ID (Idaho)				NM (New Mexico)				WV (West Virginia)			
IL (Illinois)				NS (Nova Scotia)				WY (Wyoming)			
IN (Indiana)				NV (Nevada)				AK (Alaska)	NO	ACTUAL	
KS (Kansas)				NY (New York)				HI (Hawaii)	NO	ACTUAL	
KY (Kentucky)				OH (Ohio)				MX (Mexico)	NO	ACTUAL	
LA (Louisiana)				OK (Oklahoma)				NT (Northwest Territories)	NO	ACTUAL	
MA (Massachusetts)				ON (Ontario)				YT (Yukon)	NO	ACTUAL	
MB (Manitoba)				OR (Oregon)				TOTAL FLEET MILES: _____			
MD (Maryland)				PA (Pennsylvania)							

Explain, in detail (number of trips, routes, distance, what you are hauling and where, how you get your loads, etc.), scope of your operation covering all distance. Use point "A" to point "B" with routes used within the jurisdiction(s) for estimated distance or if you had actual distance before or after the time frame let us know which time frame you are using as estimated distance. (Attach a separate sheet if needed to include all information): _____
