



INTERNATIONAL REGISTRATION PLAN

IRP(2) - VEHICLE INFORMATION



(1) Carrier Account No: _____						
Prov	Carrier No.	Fleet	YY	Supp	(2) Registrant name	

(3) Weight Group Number: _____. Vehicles listed on this page (within weight group indicated above) will be authorized to operate in the jurisdictions and at the weights listed below. Use additional page(s) for more vehicles within the same weight group. Use separate page(s) for any vehicle with a weight difference in any jurisdiction.

NOTE: If weight varies 10% in jurisdictions, please explain _____

PLEASE PRINT OR TYPE

Vehicle Transaction Type Code (TRANS CD)	
AV - Add Vehicle	AR - Add Vehicle using Credit
DV - Delete Vehicle	DR - Delete Vehicle using Credit
NF - Non Fee Related	

Vehicle Types (VEH TYPE)		
TK - Truck	TT - Tractor	BS - Bus
TR - Tractor	RT - Road Tractor	CG - Converter Gear
FT - Full Trailer	ST - Semi Trailer	

Fuel Type	
D - Diesel	P - Propane
G - Gasoline	O - Other

CANADA (KGS)	UNITED STATES (LBS)	
BC	MD	
AB	MA	
SK	MI	
MB	MN	
ON	MS	
QC (axles)	MO	
NB	MT	
NS	NE	
PE	NV	
NF	NH	
YT	NJ	
NT	NM	
UNITED STATES (LBS)		
AL	NC	
AK	ND	
AZ	OH	
AR	OK	
CA	OR	
CO	PA	
CT	RI	
DE	SC	
DC	SD	
FL	TN	
GA	TX	
ID	UT	
IL	VT	
IN	VA	
IA	WA	
KS	WV	
KY	WI	
LA	WY	
ME		

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SIGNATURE OF APPLICANT _____

APPLICANT NAME (PLEASE PRINT) _____

DATE _____

INSTRUCTIONS

IRP(2)

The following instructions are intended to provide general directions on completion of your application. Please review carefully prior to submitting your forms. Print or type all information entered on the application form. If you have any questions contact the IRP office in your area. Further information is provided in the IRP Carrier Manual.

1. **Carrier Account Number**

Prov	Enter the 2 digit Postal Code Abbreviation for the jurisdiction in which you are based. NB - New Brunswick; NS - Nova Scotia; PE -Prince Edward Island; NF - Newfoundland
Carrier No	The five (5) digit account number assigned to you by the IRP office. If you are a new carrier, leave this space blank
Fleet	The two (2) digit Fleet number
Fleet year	The last two (2) digits of the year in which the fleet expires. For example if your fleet expires March 31,2002 the year is 02.
Supp	The three (3) digit supplement number for the application. A first transaction or fleet renewal in IRP is supplement 00. If you do not know the supplement number leave this space blank.

2. **Registrant name**

Enter the name of the person, company or corporation in which the fleet is to be registered.

3. **Weight Group Number**

This is a carrier assigned number to classify groupings of **vehicles that operate with the same gross vehicle weights within the same jurisdictions**. The application allows for 4 vehicles per page. You do not have to enter the weight on subsequent sheets for vehicles that are within the same weight group. Enter the weight group number and list additional vehicle information. Start with group 1,2,3, etc.

4. **Weight Variances**

IRP limits the registered weight to not vary by more than 10% between the highest and lowest weights requested for jurisdictions. If the weight varies more than 10% within Canada or 10% within the US, you must provide a detailed explanation in the space provided.

5. **Vehicle Weights**

List Canadian jurisdictions weights in kilograms (for Quebec the number of axles) and US weight in pounds for the jurisdictions for which travel is intended.

Vehicle Information:

TRANS CD	AV Add Vehicle DV Delete Vehicle NF Non Fee Related AR Add Vehicle (Credit) DR Delete Vehicle (Credit)	New fleet, renew fleet and add vehicle to fleet Delete vehicle without replacement in same supplement Change vehicle information that does not generate fees such as unit number, correction on serial number Add vehicle using credit from deleted vehicle in same supplement Delete vehicle using credit on fees for another vehicle within same supplement	UNIT NUMBER	Carrier Assigned Unit Number for vehicle within fleet	CURRENT PLATE #	Plate number currently on vehicle
PROV	2 Digit Provincial code in which vehicle is registered		NEW PLATE #	Leave Blank. For Office Use Only	YEAR	Year of vehicle
MAKE	Up to first six (6) digits of make.		MODEL	Up to first six (6) digits of model of vehicle	COLOUR	Primary COLOUR of vehicle
CYL	Number of cylinders		FUEL	Fuel Type as listed by code on vehicle information form.	VEH TYPE	The type of vehicle as per Vehicle Types listed on form.
VEHICLE IDENTIFICATION NUMBER (VIN)	<u>Complete</u> VIN (serial number) of vehicle being registered.		BUS SEATS / WHEEL BASE	Maximum number of passengers that can be transported wheel base in meters	TARE WEIGHT	Empty weight of power unit
AXLES	Number of axles on power unit		INSURANCE POLICY NUMBER	Policy Number issued by insurance company	INSURER'S NAME	Name of Insurance Company
EXPIRY DATE	Expiry date of insurance policy in DD/MM/YYYY format		LESSOR/BROKER NAME AND ADDRESS	Complete name and address of lessor or broker	MONTHLY LEASE AMT	Lease amount per month in Canadian funds
LEASE START/END DATE	Starting and Ending dates of lease in DD/MM/YYYY format		OWNED VEHICLE DATE OF PURCHASE	Date vehicle purchased in DD/MM/YYYY format	OWNED VEHICLE PURCHASE PRICE	Purchase price of Vehicle in Canadian funds, including accessories, service and finance charges.
TRADE IN VALUE	Value of Trade in on previous vehicle in Canadian \$.					

7. **Signature** Signed and dated by contact person.

Note: The Issuance of a Registration Document Is Not a Waiver of the Requirements for Any IRP Jurisdiction with Respect to Obtaining Operating Authority, Fuel Permits, Numbers or Financial Responsibility