

INTERNATIONAL REGISTRATION PLAN

IRP(2) - VEHICLE INFORMATION



PAGE OF

Prov	Carrier No.	Fleet	YY	Supp	(2) Registrant name
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(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

Vehicle Types (VEH TYPE)

TK - Truck TT - TruckTractor BS - Bus

Fuel Type

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

CANADA (KGS)		U.S. (LBS)		1
BC		MD		
AB		MA		
SK		MI		
MB		MN		
ON		MS		
QC (axles)		MO		
NB		MT		
NS		NE		
PE		NV		
NL		NH		
YT		NJ		
NT		NM		
U.S. (LBS)		NY		
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				

TRANS CD.	UNIT NUMBER	CURRENT PLATE #	PROV	NEW PLATE #	YEAR	MAKE	MODEL	COLOUR	CYL	FUEL	VEH TYPE	VEHICLE IDENTIFICATION NUMBER
BUS SEATS	WHEEL BASE(m)	TARE WEIGHT (kg)	AXLES	INSURANCE POLICY NUMBER	INSURER'S NAME							EXPIRY DATE
LESSOR/NAME				LESSOR ADDRESS								
BROKER NAME				BROKER ADDRESS								
MONTHLY LEASE AMOUNT	LEASE START DATE	LEASE END DATE	OWNED VEH. - DATE OF PURCHASE	PURCHASE PRICE			TRADE-IN VALUE					
2												
TRANS CD.	UNIT NUMBER	CURRENT PLATE #	PROV	NEW PLATE #	YEAR	MAKE	MODEL	COLOUR	CYL	FUEL	VEH TYPE	VEHICLE IDENTIFICATION NUMBER
BUS SEATS	WHEEL BASE(m)	TARE WEIGHT (kg)	AXLES	INSURANCE POLICY NUMBER	INSURER'S NAME							EXPIRY DATE
LESSOR/NAME				LESSOR ADDRESS								
BROKER NAME				BROKER ADDRESS								
MONTHLY LEASE AMOUNT	LEASE START DATE	LEASE END DATE	OWNED VEH. - DATE OF PURCHASE	PURCHASE PRICE			TRADE-IN VALUE					
3												
TRANS CD.	UNIT NUMBER	CURRENT PLATE #	PROV	NEW PLATE #	YEAR	MAKE	MODEL	COLOUR	CYL	FUEL	VEH TYPE	VEHICLE IDENTIFICATION NUMBER
BUS SEATS	WHEEL BASE(m)	TARE WEIGHT (kg)	AXLES	INSURANCE POLICY NUMBER	INSURER'S NAME							EXPIRY DATE
LESSOR/NAME				LESSOR ADDRESS								
BROKER NAME				BROKER ADDRESS								
MONTHLY LEASE AMOUNT	LEASE START DATE	LEASE END DATE	OWNED VEH. - DATE OF PURCHASE	PURCHASE PRICE			TRADE-IN VALUE					
4												
TRANS CD.	UNIT NUMBER	CURRENT PLATE #	PROV	NEW PLATE #	YEAR	MAKE	MODEL	COLOUR	CYL	FUEL	VEH TYPE	VEHICLE IDENTIFICATION NUMBER
BUS SEATS	WHEEL BASE(m)	TARE WEIGHT (kg)	AXLES	INSURANCE POLICY NUMBER	INSURER'S NAME							EXPIRY DATE
LESSOR/NAME				LESSOR ADDRESS								
BROKER NAME				BROKER ADDRESS								
MONTHLY LEASE AMOUNT	LEASE START DATE	LEASE END DATE	OWNED VEH. - DATE OF PURCHASE	PURCHASE PRICE			TRADE-IN VALUE					

SIGNATURE OF APPLICANT

APPLICANT NAME (PLEASE PRINT)

DATE

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; NL - Newfoundland and Labrador
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 carrier, 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.

6. **Vehicle Information:**

TRANS CD	AV	Add Vehicle	New fleet, renew fleet and add vehicle to fleet	UNIT NUMBER	Carrier Assigned Unit Number for vehicle within fleet	CURRENT PLATE #	Plate number currently on vehicle
	DV	Delete Vehicle	Delete vehicle without replacement in same supplement				
	AR	Add Vehicle (Credit)	Add vehicle using credit from deleted vehicle in same supplement				
	DR	Delete Vehicle (Credit)	Delete vehicle using credit on fees for another vehicle within same supplement				

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)	Complete 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