

International Registration Plan - Original Supplemental Application (Schedule A/C)

Instructions

Please read all instructions before completing the application. Please print clearly, in ink. Save time and register online - please use the [MVA's Business Portal](#) for a faster, ADA accessible experience.

Fleet Information

Account Number - Enter the IRP account number assigned by the Maryland Motor Vehicle Administration. This number is assigned when your original Schedule A/C is filed.

Fleet Number - If more than one fleet is registered under the same company name, indicate which fleet number 0001, 0002, etc., that this application refers to.

Supplement Number - Start with 0 on first supplement. Number each additional supplement consecutively.

Registration Year - Last 2 digits of current registration year.

Name of Registrant - Name of the person, firm or corporation requesting apportioned registration.

Business Address - (Street, city, state, zip code) where application has an established place of business, telephone and will maintain and/or make records available for audit.

Mailing Address - (Street, city, state, zip code) apportioned registration license plates will be sent to this address. All correspondence will be sent to this address.

Person to Contact - Name of person to be contacted to resolve problems with application. Include phone number and email address.

Registrant's U.S. DOT Number - Enter the Registrant's U.S. DOT Number.

Taxpayer I.D. - Enter the Registrant's FEIN or SSN.

Weight Information

List weight to be carried in each jurisdiction where fleet will be apportioned. Limit vehicles on each page to power units and use a separate page if weights in all jurisdictions do not follow the same pattern for each vehicle.

Deleted Vehicle Information

1-8. - Complete all required information.

Fleet Information

- Maryland Title Number** - Maryland title number for each vehicle. If none, form [VR-005](#) Application for Title must be submitted with this application.
- Equipment Number** - Arbitrary number assigned by applicant to each unit. Number should be unique for each vehicle.
- Vehicle Identification Number** - Complete VIN as shown on vehicle and listed on the manufacturer's Certificate of Origin or Title.
- Year of Vehicle** - Manufacturer's model year.
- Make of Vehicle** - Manufacturer's make.
- Vehicle Type** - See vehicle type abbreviations on back of schedule.
- Power Unit Axles or Bus Seats** - Enter the number of axles for each type of vehicle, or number of seats for each bus.
- Total Axles Including Trailer** - Enter total number of axles including the trailer axles.
- Fuel** - Compressed Natural Gas, Diesel, Electric, Gasoline; see back of schedule for fuel abbreviations.
- Unladen Weight** - Weight of the vehicle without a load.
- Gross Weight** - The unladen (empty) weight of a vehicle plus the weight of the load carried on that vehicle. For a tractor this would be the weight of the tractor plus that part of the weight of a fully loaded semi-trailer resting on the tractor.
- Purchase Price of the Vehicle** - The actual purchase price of the vehicle (i.e. price paid for the vehicle by the current owner.
- Purchase Date** - Month, day and year of purchase.
- Lease Date** - Month, day and year lease initiated.
- Temporary Authority** - Indicate if a 30 day temporary authority is needed. Fee is \$2.00 per vehicle.
- Name of Owner** - Name of owner for each vehicle.
- Current Maryland License Plate Number** - If vehicle currently registered in Maryland, list license plate number. NOTE: If vehicle is not new and has never been titled in Maryland, vehicle must be inspected prior to registration.
- U.S. DOT Number Assigned to Vehicle** - Enter the U.S. DOT number assigned to the vehicle.
- Tax Payer Identification Number (EIN, SSN) Assigned to Vehicle** - Enter the tax payer identification number assigned to the vehicle.
- Will the Designated Carrier be responsible for safety change during the year?** Select "Yes" or "No."
- Insurance Information** - Show name of vehicle liability insurance company as it appears on policy. Also indicate insurance policy or binder number. PLEASE SIGN THE APPLICATION.

