INTERNATIONAL REGISTRATION PLAN SUPPLEMENTAL APPLICATION (SCHEDULE C)

North Dakota Department of Transportation, Motor Vehicle Division/Motor Carrier Section
SFN 2479 (Rev. 10-2015)

MOTOR VEHICLE DIVISION/IRP
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE STE 103
BISMARCK ND 58505-0791
Telephone (701) 328-1287
Fax (701) 328-3500

Carrier Name		
DBA Name		
Business Street Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code

☐ Address Change

Contact Person

Name		
Telephone Number	Fax Number	E-Mail

US DOT Number

FEIN/TIN

IRP Account Number

Fleet Number

License Year

Jurisdictional Use

I declare, with my signature on my registration application, that I am knowledgeable of the Federal or State Motor Carrier and Hazardous Materials Safety Regulations.

The undersigned, under oath, swears under penalty of perjury that the information furnished in this application and the attached schedules are true and correct and certifies that these vehicles will be insured as required by law (NDCC 39-08-20).
This application must be signed and dated or it will be returned.

X _____ _____

Signature Date

IRP Account Number | | | | | Fleet Number | |

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ADDITIONS **All Columns Must be Completed by Carrier**

1 ND TITLE NUMBER	2 LICENSE PLATE NUMBER	3 UNIT NUMBER	4 YEAR	5 MAKE	6 VEHICLE IDENTIFICATION NUMBER	7 * TYPE	8 AXLES	9 BUS SEATS	10 ** FUEL	11 EMPTY WEIGHT

***TYPE** (Column Number 7)

TT - TRUCK TRACTOR
TR - TRACTOR
TK - TRUCK (SINGLE)
RT - ROAD TRACTOR
BS - BUS

****Fuel** (Column Number 10)

D - DIESEL
G - GASOLINE
P - PROPANE

12 NAME OF OWNER (as listed on title)	13 DATE OF PURCHASE	14 ORIGINAL PRICE	15 LATEST PRICE	Carrier Responsible for Safety		
				16 USDOT# Vehicle Level	17 FEIN/TIN Vehicle Level	18 *** Safety Resp Change Y/N

******* (Column Number 18)

Is the carrier responsible for safety expected to change during the year?

DELETIONS

1 LICENSE PLATE NUMBER	2 DELETED UNIT NUMBER	3 YEAR	4 MAKE	5 VEHICLE IDENTIFICATION NUMBER	6 WEIGHT	7 REASON REMOVED

LIST COMBINED GROSS WEIGHT ON PAGE 3 FOR APPORTIONED JURISDICTIONS.

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IRP Account Number | | | | |

Fleet Number | |

GROSS WEIGHT SCHEDULE

This schedule must be completed and should indicate the combined gross weight in pounds for every jurisdiction. Vehicles must be listed in the same unit number order as on page 2.

	ND	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	IA
Unit -													
Unit -													
Unit -													

	ID	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS
Unit -													
Unit -													
Unit -													

	MT	NC	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	RI
Unit -													
Unit -													
Unit -													

	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY	AB	BC
Unit -													
Unit -													
Unit -													

	MB	NB	NL	NS	NT	ON	PE	QC*	SK	YT	MX
Unit -											
Unit -											
Unit -											

*QC - Requires the number of axles (2-6) for the combination of vehicles (tractor-truck-trailer)