

DMV USE ONLY				STATE OF VERMONT DEPARTMENT OF MOTOR VEHICLES INTERNATIONAL REGISTRATION PLAN (802) 828-2071			TYPE OF APPLICATION	TYPE OF OPERATION	(Column 5) TYPE
ACCOUNT NUMBER (FIVE DIGITS)	FLEET NUMBER (THREE DIGITS)	SUPP. NUMBER (THREE DIGITS)	REG. YEAR (TWO DIGITS)				ORIGINAL / RENEWAL APPLICATION SCHEDULE A/E		
VT				IFTA DECALS REQUIRED FOR INTERSTATE TRAVEL					
NAME OF REGISTRANT							1. Please print clearly in BLUE or BLACK ink, or type 2. Detailed instructions on back of form		
BUSINESS ADDRESS IN VERMONT (Do Not use P.O. Box)				1. Please print clearly in BLUE or BLACK ink, or type 2. Detailed instructions on back of form					
CITY		STATE	ZIP				1. Please print clearly in BLUE or BLACK ink, or type 2. Detailed instructions on back of form		
FED ID / VIN (Required) Carrier Level		US DOT NUMBER (Required) Carrier Level		1. Please print clearly in BLUE or BLACK ink, or type 2. Detailed instructions on back of form					
MAILING ADDRESS (If different from business address)							1. Please print clearly in BLUE or BLACK ink, or type 2. Detailed instructions on back of form		
CITY		STATE	ZIP	1. Please print clearly in BLUE or BLACK ink, or type 2. Detailed instructions on back of form					
PERSON TO CONTACT REGARDING APPLICATION							CITY	STATE	TELEPHONE

UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS AND AT THE WEIGHTS LISTED BELOW. USE ADDITIONAL PAGE(S) FOR MORE VEHICLES. USE SEPARATE PAGE (S) FOR ANY VEHICLE WITH A WEIGHT DIFFERENCE IN ANY JURISDICTION. WEIGHT WILL BE PRINTED ON THE CAB CARDS FOR ALL FLEET UNITS LISTED BELOW.

AB (Alberta)	AK (Alaska)	AL (Alabama)	AR (Arkansas)	AZ (Arizona)	BC (British Columbia)	CA (California)	CO (Colorado)	CT (Connecticut)	DC (Dist of Columbia)
DE (Delaware)	FL (Florida)	GA (Georgia)	IA (Iowa)	ID (Idaho)	IL (Illinois)	IN (Indiana)	KS (Kansas)	KY (Kentucky)	LA (Louisiana)
MA (Massachusetts)	MB (Manitoba)	MD (Maryland)	ME (Maine)	MI (Michigan)	MN (Minnesota)	MO (Missouri)	MS (Mississippi)	MT (Montana)	MX (Mexico)
NB (New Brunswick)	NC (North Carolina)	ND (North Dakota)	NE (Nebraska)	NL (Newfoundland/Labrador)	NH (New Hampshire)	NJ (New Jersey)	NM (New Mexico)	NS (Nova Scotia)	NV (Nevada)
NY (New York)	OH (Ohio)	OK (Oklahoma)	ON (Ontario)	OR (Oregon)	PA (Pennsylvania)	PEI (Prince Edward Island)	PQ (Quebec)	RI (Rhode Island)	SC (South Carolina)
SD (South Dakota)	SK (Saskatchewan)	TN (Tennessee)	TX (Texas)	UT (Utah)	VA (Virginia)	VT (Vermont)	WA (Washington)	WI (Wisconsin)	WV (West Virginia)
WY (Wyoming)	YT (Yukon)								

ADDITIONS																	
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
OWNER EQUIPMENT (UNIT) NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN - AS SHOWN ON TITLE)	YEAR	MAKE OF VEHICLE	TYPE	ASXELASS	UNLADEN WEIGHT	FUEL	COMBINED OR GROSS WEIGHT	PURCHASE PRICE OF VEHICLE	FACTORY PRICE	DATE OF PURCHASE MM/DD/YY	DATE OF LEASE MM/DD/YY	HORSE POWER (BUSES ONLY)	CURRENT LICENSE PLATE NO. AND STATE	US DOT # Vehicle Level	** Y N	FED ID / TIN Vehicle Level

The undersigned certified that the listed vehicles are properly equipped and in good mechanical condition and the applicant and/or these vehicles are not under suspension pursuant to 23 VSA §3009(b) (diesel tax related). Statements and warrants made herein are certified under penalty of 23 VSA §202,2083 and 32 VSA §8901-8915

SIGNATURE OF OWNER OR AUTHORIZED AGENT - Required _____ **DATE** _____ **TELEPHONE** _____

Social Security Number: _____ - _____ - _____

The disclosure of your social security or federal identification number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405(c)(2)(C) and/or 666(a)(13) and will be used by the Department of Motor Vehicles in the administration of motor vehicle, tax and child support laws, to identify individuals affected by such laws.

INSTRUCTIONS FOR COMPLETING ORIGINAL APPLICATION (SCHEDULE A/E)
(This form is to be used to add or delete vehicles from a fleet after an original application has been filed.)

FLEET INFORMATION	ADDITIONAL INSTRUCTIONS/INFORMATION
<p>CHANGING BASE STATE: When changing your base state to Vermont, any registration fees due to your prior state must be paid in full. Vermont registration eligibility will be determined after checking with prior base state.</p> <p>NAME OF REGISTRANT: Name of the person, firm, or corporation requesting Vermont apportioned registration. Must match registration form.</p> <p>BUSINESS ADDRESS: (Street, City, State, Zip Code) - Applicant must have an established place of business in Vermont, a telephone, and maintain and/or make records available for audit. It cannot be a post office box. Proof of business will be required.</p> <p>FEDERAL EMPLOYEE ID/TIN (Required): Enter the number issued to your business by the IRS.</p> <p>US DOT NUMBER: The US DOT number is issued to motor carriers, registrants and shippers by the United State Department of Transportation.</p> <p>TYPE OF OPERATION: Please check, indicating type of fleet operation.</p>	<p>SIGNATURE This application will be returned if it is not signed.</p> <p>NOTE: It is a legal requirement that you notify the Department of Motor Vehicles in writing within 30 days of any changes in mailing address, legal residence, or legal name.</p> <p>PURCHASE AND USE TAX - Any vehicle not previously registered in Vermont is subject to a Purchase and Use Tax of 6% of the vehicle purchase price or the current fair market value, whichever is greater. The maximum tax on trucks registered for more than 10,099 lbs. is \$1680.00.</p> <p>VERMONT TITLE REQUIREMENTS - The State of Vermont titles all vehicles 15 years old and newer based on calendar year except trailers with empty weight of 1500 lbs. or less, mopeds, motorcycles with engines smaller than 300 cubic centimeters, and tractors with registered weight of 5099 lbs. or less. If a lien holder is indicated, the Title Certificate will be sent to the lien holder rather than the owner. For apportioned registration under IRP the vehicle must have Vermont Title Certificate.</p> <p>FEDERAL HEAVY VEHICLE USE TAX - If you are required by Section 4481 of the Internal Revenue Code to pay a Heavy Vehicle Use Tax (Vehicles registered at 55,000 lbs. and greater) registration must be accompanied by proof of payment as prescribed by the Secretary of the Treasury. Acceptable proofs of payment are:</p> <ol style="list-style-type: none"> a. Receipt of IRS Form 2290, Schedule 1. b. Photocopy of the receipted IRS Form 2290, Schedule 1. c. Photocopy of non-receipted IRS Form 2290 with the Schedule 1 attached along with a copy of both sides of the canceled check showing payment of the tax. d. Photocopy of non-receipted IRS Form 2290 with the Schedule 1 attached along with a copy or Original of the IRS Statement Form 4428 or 8488, which shows an installment, has been made. e. Proof that vehicle was purchased no more than 60 days from the date of registration application. <p>MANDATORY INSURANCE - No motor vehicle shall operate in Vermont without liability insurance of at least \$25,000 for one person and \$50,000 for two or more persons killed or injured and \$10,000 for damages to property in any one accident. Persons convicted of operating or permitting operation of motor vehicle without liability insurance will be fined and assessed points on their driving record (other penalties may also be assessed).</p>
ADDITIONS INSTRUCTIONS	
<ol style="list-style-type: none"> 1. EQUIPMENT NUMBER: Unique number assigned by applicant to each vehicle in fleet 2. VEHICLE IDENTIFICATION NUMBER: Complete VIN as listed on the Manufacturer's Certificate of Origin or Title 3. YEAR: Manufacturer's model year 4. MAKE: Manufacturer of vehicle 5. VEHICLE TYPE: See vehicle type abbreviation at top of Schedule A/E. 6. AXLES, SEATS: Enter the number of axles for each truck or tractor combination or number of seats for each bus. 7. UNLADEN WEIGHT: Weight of the vehicle without a load. 8. FUEL: See top of Schedule A/E for fuel type abbreviations 9. COMBINED OR GROSS WEIGHT: Unladen weight of the vehicle plus weight of load. 10. PURCHASE PRICE: Actual purchase price of the vehicle paid by the current owner. 11. FACTORY PRICE: Manufacturer's list price of the fully equipped vehicle when new. 12. DATE OF PURCHASE: Month/day/year of purchase 13. DATE OF LEASE: Month/day/year of lease initiated 14. HORSE POWER: Buses only 15. CURRENT LICENSE PLATE: Current plate number and state of registration. 16. US DOT # Vehicle Level: Please indicate the US DOT # of the carrier responsible for the safety of each power unit being registered. For short term leases, the registrant's DOT # is to be used. The following definitions can help in determining the responsible party: <ul style="list-style-type: none"> Registrant Owner Motor Carrier: Entity to whom the vehicle registration and plate is issued. Entity listed on the title. Entity responsible for the safe operation of the vehicle during the registration year. Note: If there is no actual motor carrier, then the registrant serves as the Default Motor Carrier. Default Motor Carrier: The entity responsible for safety in cases where the actual motor carrier has not been properly identified or cannot be identified. 17. ** Y/N: Please indicate if the carrier responsible for safety is expected to change during the registration year by lease. 18. FED ID / TIN Vehicle Level: Please indicate the FED ID / TIN of the carrier responsible for the safety of each power unit being registered. 	

Completed A/E Schedule requires a Schedule B

MAIL TO:

**Vermont Department of Motor Vehicles
Commercial Vehicle Operations IRP Unit
120 State Street
Montpelier, VT 05603-0001**