DMV USE ONLY			
ACCOUNT NUMBER (FIVE DIGITS)	FLEET NUMBER (THREE DIGITS)	SUPP. NUMBER (THREE DIGITS)	REG. YEAR (TWO DIGITS)
VT			

NAME OF REGISTRANT

BUSINESS ADDRESS IN VERMONT **(DO NOT USE A P.O. BOX)**

CITY	STATE	ZIP

FEDERAL ID NUMBER (Required)	US DOT NUMBER (Required)

MAILING ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)

CITY	STATE	ZIP

STATE OF VERMONT
DEPARTMENT OF MOTOR VEHICLES
INTERNATIONAL REGISTRATION PLAN
(802) 828-2071

SCHEDULE F
SUPPLEMENTAL APPLICATION TO ADD A JURISDICTION

1. **Please print clearly in BLUE or BLACK ink, or type**
2. **Detailed instructions on back of form**

IFTA DECALS REQUIRED FOR INTERSTATE TRAVEL

TYPE OF OPERATION

CHECK ONE

- ☐ Exempt Commodity Carrier
- ☐ Household Goods Carrier
- ☐ Private Carrier
- ☐ For Hire Carrier
- ☐ Rental Company

Leased To:

- ☐ Private
- ☐ Haul for Hire

DMV USE ONLY

PID NUMBER:

WEIGHT GROUP:

____ ____ ____

SCHEDULE F (ADD A JURISDICTION) Should only be used to add a jurisdiction to a fleet which has already registered under the International Registration Plan. Schedule F is used to calculate registration fees as well as to indicate what licensed weight for the added jurisdiction is to be typed on the new cab cards issued by the base jurisdiction. Units must be listed on Schedule F in the same order as they appeared on the original application. Maximum weight limits and weight/fee structure for other member jurisdictions should be reviewed carefully before completing this form. Use additional pages to list more vehicles.

1	2	3	4	5	6
VT PLATE NUMBER	OWNER EQUIPMENT NUMBER	VEHICLE IDENTIFICATION NUMBER	JURISDICTION TO BE ADDED	WEIGHT IN JURISDICTION	ESTIMATED FLEET DISTANCE (Explanation Required)

1	2	3	4	5	6
VT PLATE NUMBER	OWNER EQUIPMENT NUMBER	VEHICLE IDENTIFICATION NUMBER	JURISDICTION TO BE ADDED	WEIGHT IN JURISDICTION	ESTIMATED FLEET DISTANCE (Explanation Required)

The undersigned certifies 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

Social Security Number:(of Registrant) ____ ____ ____ - ____ ____ - ____ ____ ____ ____

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.

SIGNATURE – Required (Applicant or authorized representative) **DATE** **TELEPHONE**

TAVP163 (d) 2M 01/06 GBN

INSTRUCTIONS FOR COMPLETING APPLICATION TO ADD A JURISDICTION (SCHEDULE F)

NOTE: Schedule F (Add a jurisdiction) should only be used to add a jurisdiction to the cab cards of a fleet which has already filed an original application (Schedule A/E) and registered under the International Registration Plan.

FLEET INFORMATION

ACCOUNT NUMBER: Enter IRP account number assigned by the Vermont Department of Motor Vehicles when your original application Schedule A/E was filed.

FLEET NUMBER: Different fleets registered under the same company name should be numbered 001,002, etc.

SUPPLEMENT NUMBER: Number each additional supplement consecutively starting with 001.

REGISTRATION YEAR: Last two digits of the registration year.

NAME OF REGISTRANT: Name of the person, firm or corporation having Vermont Apportioned Registration.

BUSINESS ADDRESS: Place of business in Vermont **cannot** be a post office box number.

FEDERAL EMPLOYEE ID NUMBER/TIN: Enter the number issued to your business by the IRS.

US DOT NUMBER: The US DOT number is an identification number issued to motor carriers, registrants and shippers by the United States Department of Transportation.

MAILING ADDRESS: Address to be used by Department for all correspondence.

TYPE OF OPERATION: Please check type of fleet operation.

7. BASIS FOR DISTANCE ESTIMATE (Explanation Required OR Complete Schedule G)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

JURISDICTION INFORMATION

1. VERMONT PLATE NUMBER: Indicate the VT IRP (International Registration Plan) plate number that is currently on this vehicle.

2. EQUIPMENT NUMBER: Unique number arbitrarily assigned to each unit (vehicle in a fleet). Vehicles should be listed in the same order as on original application.

3. VEHICLE IDENTIFICATION NUMBER: Complete VIN as listed on the Title or Manufacturer's Certificate of Origin (MCO).

4. JURISDICTION TO BE ADDED: IRP member jurisdiction (State or Province) to be added to the cab cards of a fleet already apportioned under IRP registration. The jurisdiction to be added should be the same for all vehicles on a page. Use a separate page to add a second jurisdiction etc.

5. WEIGHT IN JURISDICTION: Maximum weight to be carried in the added jurisdiction by the listed vehicle. Should correspond to the weight group for the vehicle on the original application.

6. ESTIMATED FLEET DISTANCE: An estimate of the total fleet distance to be traveled in the added jurisdiction.

7. BASIS OF DISTANCE ESTIMATE: Brief statement of why jurisdiction is to be added to fleet territory. Distance estimate based on travel in the added jurisdiction. Explanation of distance estimate (or completed Schedule G) is required. Include routes frequency and any additional information which explains the basis of the estimated distance. Must be reasonable in comparison of total operations.

APPLICATION WILL BE RETURNED IF NOT SIGNED

MAIL COMPLETED SCHEDULE F TO:

VERMONT DEPARTMENT OF MOTOR VEHICLES
COMMERCIAL VEHICLE OPERATIONS IRP UNIT
120 STATE STREET
MONTPELIER, VERMONT 05603-0001