DMV USE ONLY						STATE OF VERMONT DEPARTMENT OF MOTOR VEHIC								TYPE OF APPLICATION			TYPE OF OPERATION			(Column 5) TYPE		
ACCOUNT NUMBER	FLEET NUM			P. NUMBER			G. YEAR	INTERNATIONAL R										BOXES	TT -	Truck Tractor		
(FIVE DIGITS)	(THREE DI	GITS)	(THR	EE DIGITS))	(TWC	DIGITS)	(802) 82						🗖 Orig	Criginal Application			ot Commodity	TR -	Tractor		
VT											(804	2) 020	-2071			🗖 Ren	ewal Applica	ation	Carrier	r	TK -	Truck
NAME OF REGISTRANT																			House	hold Goods	RT -	Road Tractor
					0	RIGIN	NAL / REN	EWAL A	PPLIC	CATION SCHE		4/E				Carrier	r	МΤ -	- Mobile Home Toter			
BUSINESS ADDRESS IN VERMONT (Do Not use P.O. Box)] Private	e Carrier	ST -	Semi Trailer	
																		J For Hi	re Carrier	BS -	- Bus	
CITY			S	TATE		ZIP		1.					JE or BLACK	ink, or t	type				Rental	l Company	CG -	- Converter
								2.	. De	etailed inst	tructions	s on b	ack of form								DB -	- Double Bottom
Fed ID / VIN (Required) Car	rier Level	US DOT N	UMBER (Required) C	Carrier L	evel												L	eased 1	Го:		
										ΙFTΔ Γ		S RF)R								(Column 8)
MAILING ADDRESS (If diffe	erent from business	address)							IFTA DECALS REQUIRED FOR INTERSTATE TRAVEL							D Private				D - [Diesel	
									INAVLL						Haul fo	or Hire	G - (Gasoline				
CITY				STATE		ZIP									-						P - F	Propane
																					0 - 0	Other:
PERSON TO CONTACT RE	EGARDING APPLIC	ATION						CITY					TATE	TELEPHONE			Wainht Crauns					
																Weight Group: _						
Units listed on this pag on the cab cards for all	I fleet units liste				ctions			listed b			onal page(s			-								
AB (Alberta) AK (Alaska) AL (Alabama) DE (Delaware) EL (Elorida) GA (Georgia)					(Arkansas)						3C (British Columbia) CA (California)		CO (Colorado)			CT (Connecticut)			DC (Dist of Columbia)			
DE (Delaware) FL (Florida) GA (Georgia)				IA (Iowa)						· · ·		IN (Indiana)		KS (Kansas)			Kentucky)		LA (Louisiana)			
MA (Massachusetts) MB (Manitoba) MD (Maryland)					(Maine)						MN (Minnesota) MO (Missouri)		MS (Mississippi)			MT (Montana)			MX (Mexico)			
NB (New Brunswick) NC (North Carolina) ND (North Dakota) NE (Nebraska)				· · ·	(Newfoundland/Labrador)					ew Hampshire) NJ (New Jersey)			NM (New Mexico)			NS (Nova Scotia)			NV (Nevada)			
NY (New York) OH (Ohio) OK (Oklahoma) ON (Ontario)				· · ·					•	ennsylvania) PEI (Prince Edward Island)						RI (Rhode Island)			SC (South Carolina)			
SD (South Dakota)	D (South Dakota) SK (Saskatchewan) TN (Tennessee) TX (Texas)				(Texas)	UT (Utah)			VA (Vir	A (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	2	13	14	15		16	17	18
	EHICLE IDENTIFICAT NUMBER N – AS SHOWN ON TI		Y E A R	MAKE OF VEHICLE	T Y E	AS XE LA ET SS	UNLADEN WEIGHT	F U E L	J	Combined Or Gross Weight	PURCH PRICE VEHIC	E OF	FACTORY PRICE	DAT OF PURCH MM/DE	- ASE	DATE OF LEASE MM/DD/YY	HORSE POWER (BUSES ONLY)	CURRENT PLATE N STA	O. AND	US DOT # Vehicle Level	** Y N	FED ID / TIN Vehicle Level
The undersigned certified that t to 23 VSA §3009(b) (diesel tax											uspension pur	suant	Social Securit	ty Numb	ber:							
SIGNATURE OF OWNER (DATE			TELEPH				-	The disclosure of you	ur social sec 666(a)(13)	curity or fede	used by the	ation number is Department of l	mandator Motor Veh	y, is solicit iicles in the	ed by the authority <u>c</u> administration of m	ranted lotor ve	l by 42 U.S.C. § shicle, tax and child support
									-													

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									
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 the prior base state.	SIGNATURE: This application will be returned if it is not signed.									
NAME OF REGISTRANT: Name of the person, firm, or corporation requesting Vermont apportioned registration. Must match registration form.	NOTE: You must notify the Department of Motor Vehicles in writing within 30 days of any changes in mailing address, legal residence, or legal name.									
BUSINESS ADDRESS: (Street, City, State, Zip Code)—The Applicant must have an established place of business in Vermont, a telephone, and records maintained and/or made available for audit. It cannot be a post office box. Proof of business will be required.	PURCHASE AND USE TAX: Any vehicle not previously registered in Vermont is subject to a Purchase and Use Tax of 6% of the purchase price or the current fair market value, whichever is greater. The maximum tax on trucks registered for more than 10,099 lbs is \$2,486.00.									
FEDERAL EMPLOYEE ID/TIN (Required): Enter the number issued to your business by the IRS.	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.									
US DOT NUMBER: The US DOT number is issued to motor carriers, registrants, and shippers by the United States Department of Transportation.										
TYPE OF OPERATION: Please check and indicate the type of fleet operation.	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:									
ADDITIONS INSTRUCTIONS	a. Receipt of IRS Form 2290, Schedule 1.									
 EQUIPMENT NUMBER: A unique number assigned by the applicant to each vehicle in a fleet VEHICLE IDENTIFICATION NUMBER: Complete VIN as listed on the Manufacturer's Certificate of Origin or Title YEAR: Manufacturer's model year MAKE: Manufacturer of vehicle VEHICLE TYPE: See vehicle type abbreviation at the top of Schedule A/E. 	 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. 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 damage 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).									
6. AXLES, SEATS: Enter the number of axles for each truck or tractor combination or the 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:	Completed A/E Schedule requires a Schedule B									
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	MAIL TO: Vermont Department of Motor Vehicles Commercial Vehicle Operations IRP Unit 120 State Street									
been properly identified or cannot be identified.	Montpelier, VT 05603-0001									
 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. 										