

DMV USE ONLY			
ACCOUNT NUMBER (FIVE DIGITS)	FLEET NUMBER (THREE DIGIT)	SUPP. NUMBER (THREE DIGITS)	REG. YEAR (TWO DIGITS)
VT			
NAME OF REGISTRANT			
BUSINESS ADDRESS IN VERMONT (Do Not use P.O. Box)			
CITY		STATE	ZIP
FEDERAL ID / TIN (Required) Carrier Level		US DOT NUMBER Carrier Level	
MAILING ADDRESS (If different from business address)			
CITY		STATE	ZIP

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

SUPPLEMENTAL APPLICATION SCHEDULE C/E

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	(Column 5) TYPE
CHECK BOXES <input type="checkbox"/> Exempt Commodity Carrier <input type="checkbox"/> Household Goods Carrier <input type="checkbox"/> Private Carrier <input type="checkbox"/> For Hire Carrier <input type="checkbox"/> Rental Company	TT - Truck Tractor TR - Tractor TK - Truck RT - Road Tractor MT - Mobile Home Toter ST - Semi-Trailer BS - Bus CG - Converter DB - Double Bottom
Leased To: <input type="checkbox"/> Private <input type="checkbox"/> Haul for Hire	(Column 8) D - Diesel G - Gasoline P - Propane O - Other _____

UNITS LISTED ON THIS PAGE WILL BE AUTHORIZED TO OPERATE AT THE WEIGHTS LISTED FOR EACH JURISDICTION 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	ASSEMBLERS	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

DELETIONS						
1	2	3	4	5	6	7
OWNER EQUIPMENT UNIT NUMBER	VEHICLE IDENTIFICATION NUMBER (VIN - AS SHOWN ON TITLE)	YEAR	MAKE OF VEHICLE	COMBINED OR GROSS WEIGHT	REPLACEMENT EQUIPMENT (UNIT) NUMBER	REASON REMOVED
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.						
_____			_____		_____	
SIGNATURE - Required			DATE		TELEPHONE	
Social Security Number (of Registrant): _____ - _____ - _____						

INSTRUCTIONS FOR COMPLETING SCHEDULE C/E**FLEET INFORMATION**

ACCOUNT NUMBER: Enter IRP Account Number assigned by Vermont Department of Motor Vehicles when your original application Schedule C/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 "01".

REGISTRATION YEAR: Last two digits of the registration year.

NAME OF REGISTRANT: Name of person, firm or corporation with existing Vermont apportioned registration

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. Post office box is unacceptable.

MAILING ADDRESS: (Street, City, State, Zip Code) – Registration plates, materials and all correspondence will be sent to this address.

FEDERAL ID/TIN (Carrier Level): Enter the number issued to your business by the IRS.

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

TYPE OF OPERATION: Please check, indicating type of operation.

WEIGHT SCHEDULE: Indicate the weight at which you wish to register for each IRP jurisdiction requested.

DELETED VEHICLE INFORMATION

1. **EQUIPMENT NUMBER:** Unique number assigned by applicant to each vehicle in fleet.

2. **VEHICLE IDENTIFICATION NUMBER:** Complete VIN as listed on Manufacturer's Certificate of Origin or Title.

3. **YEAR:** Manufacturer's model year.

4. **MAKE:** Manufacturer of vehicle.

5. **COMBINED OR GROSS WEIGHT:** Unladen weight of the vehicle plus weight of load.

6. **REPLACEMENT UNIT NUMBER:** Unit number of the vehicle being added in place of the deleted vehicle.

7. **REASON REMOVED:** Enter the reason vehicle is being deleted from the fleet (i.e., sold, wrecked, junked, fleet transfer, etc.).

8. **Original cabcard and plates for a deleted vehicle must be returned or certified they have been destroyed. Do not return plates if transferring.**

**MAIL COMPLETED SCHEDULE C/E TO:
Vermont Department of Motor Vehicles
Commercial Vehicle Operations – IRP Unit
120 State Street
Montpelier, Vermont 05603-0001**

ADDED VEHICLE INFORMATION

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 abbreviations at top of Schedule C/E.

6. **AXLES OR 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 C/E for fuel type abbreviations.

9. **COMBINED OR GROSS WEIGHT:** Unladen weight of the vehicle plus weight of trailer and 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 lease initiated.

14. **HORSE POWER:** Buses only.

15. **CURRENT LICENSE PLATE:** Current plate number and state registered in.

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:

Registrant - Entity to whom the vehicle registration and plate is issued.

Owner - Entity listed on the title.

Motor Carrier - 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.

APPLICATION WILL BE RETURNED IF NOT SIGNED

NOTE: It is a legal requirement that you notify the Department of Motor Vehicles in writing within 30 days of any change of address, legal residence, or legal name.