

## STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES - INTERNATIONAL REGISTRATION PLAN

Application Page 1 of 3

ACCOUNT NUMBER	FLEET NUMBER	SUPP. NUMBER	REGISTRATION YR.	<b>IRP-31</b> Rev. 1-25				STATE OF CONNECTICUT <b>DEPARTMENT OF MOTOR VEHICLES</b> 60 STATE STREET, WETHERSFIELD, CT 06161 (860)-263-5281																																										
NAME OF REGISTRANT				<b>ORIGINAL/RENEWAL APPLICATION SCHEDULE A/E</b>  1. Please print clearly in Blue/black ink or type.																																														
ADDRESS <i>City State Zip Code</i>																																																		
E-MAIL ADDRESS																																																		
MAILING ADDRESS (If different from business address)				<table><thead><tr><th>TYPE OF APPLICATION</th><th>TYPE OF OPERATION</th><th>TYPE VEHICLE</th></tr></thead><tbody><tr><td><input type="checkbox"/> NEW</td><td><input type="checkbox"/> PRIVATE (PC)</td><td><input type="checkbox"/> TRUCK TRACTOR (TT)</td></tr><tr><td><input type="checkbox"/> DELETE VEHICLE</td><td><input type="checkbox"/> EXEMPT (EX)</td><td><input type="checkbox"/> TRACTOR (TR)</td></tr><tr><td><input type="checkbox"/> ADD VEHICLE</td><td><input type="checkbox"/> RENTAL (RC)</td><td><input type="checkbox"/> TRUCK SINGLE(TK)</td></tr><tr><td><input type="checkbox"/> PLATE TRANSFER</td><td><input type="checkbox"/> HAUL FOR HIRE (HH)</td><td><input type="checkbox"/> ROAD TRACTOR (RT)</td></tr><tr><td><input type="checkbox"/> WEIGHT INCREASE</td><td><input type="checkbox"/> HOUSEHOLD GOODS MOVER (HC)</td><td><input type="checkbox"/> BUS (BS)</td></tr><tr><td><input type="checkbox"/> CHANGE OF INFORMATION</td><td></td><td><input type="checkbox"/> CRANE</td></tr><tr><td><input type="checkbox"/> REPLACEMENT</td><td></td><td><b>FUEL</b></td></tr><tr><td><input type="checkbox"/> CAB CARD</td><td></td><td><input type="checkbox"/> DIESEL (D)</td></tr><tr><td><input type="checkbox"/> PLATE</td><td></td><td><input type="checkbox"/> GASOLINE (G)</td></tr><tr><td><b>REASON</b></td><td></td><td><input type="checkbox"/> PROPANE (P)</td></tr><tr><td><input type="checkbox"/> LOST</td><td></td><td><input type="checkbox"/> ELECTRIC (E)</td></tr><tr><td><input type="checkbox"/> STOLEN</td><td></td><td></td></tr></tbody></table>								TYPE OF APPLICATION	TYPE OF OPERATION	TYPE VEHICLE	<input type="checkbox"/> NEW	<input type="checkbox"/> PRIVATE (PC)	<input type="checkbox"/> TRUCK TRACTOR (TT)	<input type="checkbox"/> DELETE VEHICLE	<input type="checkbox"/> EXEMPT (EX)	<input type="checkbox"/> TRACTOR (TR)	<input type="checkbox"/> ADD VEHICLE	<input type="checkbox"/> RENTAL (RC)	<input type="checkbox"/> TRUCK SINGLE(TK)	<input type="checkbox"/> PLATE TRANSFER	<input type="checkbox"/> HAUL FOR HIRE (HH)	<input type="checkbox"/> ROAD TRACTOR (RT)	<input type="checkbox"/> WEIGHT INCREASE	<input type="checkbox"/> HOUSEHOLD GOODS MOVER (HC)	<input type="checkbox"/> BUS (BS)	<input type="checkbox"/> CHANGE OF INFORMATION		<input type="checkbox"/> CRANE	<input type="checkbox"/> REPLACEMENT		<b>FUEL</b>	<input type="checkbox"/> CAB CARD		<input type="checkbox"/> DIESEL (D)	<input type="checkbox"/> PLATE		<input type="checkbox"/> GASOLINE (G)	<b>REASON</b>		<input type="checkbox"/> PROPANE (P)	<input type="checkbox"/> LOST		<input type="checkbox"/> ELECTRIC (E)	<input type="checkbox"/> STOLEN		
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IF UNDER CONTRACT, NAME OF CARRIER YOU CONTRACT WITH																																																		
DOT NUMBER _____ FEIN NUMBER OF CARRIER _____																																																		
IS THE CARRIER RESPONSIBLE FOR SAFETY EXPECTED <input type="checkbox"/> YES <input type="checkbox"/> NO TO CHANGE IN THE REGISTRATION YEAR																																																		
CONTACT PERSON REGARDING APPLICATION		NAME		PHONE		E-MAIL																																												
INSURANCE COMPANY		POLICY NUMBER		EFFECTIVE DATE		EXPIRATION DATE																																												
<input type="checkbox"/> <b>PROOF OF LIABILITY AND BOB TAIL MUST BE SUBMITTED WITH APPLICATION</b>																																																		

☐ **IF LEASED VEHICLES A COPY OF THE LEASE AGREEMENT MUST BE SUBMITTED WITH THE APPLICATION**

**CERTIFICATION** - Pursuant to the Code of Federal Regulations, Section 49, Part 350, inclusive, I hereby certify knowledge of applicable federal and state motor carrier safety rules, regulations, standards and orders, and I certify knowledge of the IRP registration and record-keeping requirements, and I declare that all operations will be conducted in compliance with such requirements and I hereby certify that for the entire registration renewal year all vehicles owned/operated under this IRP account are and will remain in compliance with (1) Connecticut compulsory motor vehicle liability insurance requirements concerning apportioned-registered vehicles and (2) manufacturers' gross weight ratings. The undersigned also certifies that information furnished on this application and the attached schedules is true and correct.

SIGNATURE	TITLE	DATE
X		

**DMV USE ONLY**

RECEIVED	REVIEWED	DATE	ENTERED	DATE	CAB CARDS PRINTED/VERIFIED	DATE

STATE OF CONNECTICUT DEPARTMENT OF MOTOR VEHICLES - INTERNATIONAL REGISTRATION PLAN

NAME OF REGISTRANT				ACCOUNT NUMBER		FLEET NUMBER		SUPPLEMENTAL NUMBER		REGISTRATION YEAR					
OWNER EQUIPMENT NUMBER		VEHICLE IDENTIFICATION NUMBER				MAKE		MODEL		VEHICLE TYPE					
COLOR		AXLES		FUEL		UNLADEN WEIGHT		COMBINED GROSS WEIGHT		PURCHASE PRICE		FACTORY LIST PRICE			
BUSES ONLY- HORSEPOWER & SEATING		DATE OF PURCHASE		LEASED VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO		DATE OF LEASE		NAME OF OWNER (As appears on title)				CT TOWN WHERE VEHICLE GARAGED		PLATE NUMBER	
NAME OF REGISTRANT				ACCOUNT NUMBER		FLEET NUMBER		SUPPLEMENTAL NUMBER		REGISTRATION YEAR					
OWNER EQUIPMENT NUMBER		VEHICLE IDENTIFICATION NUMBER				MAKE		MODEL		VEHICLE TYPE					
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VEHICLE DELETION	UNIT NUMBER		VEHICLE IDENTIFICATION NUMBER				YEAR		MAKE		COMBINED OR GROSS WEIGHT				
	REASON REMOVED								PLATE NUMBER		CAB CARD SURRENDERED <input type="checkbox"/> YES <input type="checkbox"/> NO				
VEHICLE DELETION	UNIT NUMBER		VEHICLE IDENTIFICATION NUMBER				YEAR		MAKE		COMBINED OR GROSS WEIGHT				
	REASON REMOVED								PLATE NUMBER		CAB CARD SURRENDERED <input type="checkbox"/> YES <input type="checkbox"/> NO				
VEHICLE DELETION	UNIT NUMBER		VEHICLE IDENTIFICATION NUMBER				YEAR		MAKE		COMBINED OR GROSS WEIGHT				
	REASON REMOVED								PLATE NUMBER		CAB CARD SURRENDERED <input type="checkbox"/> YES <input type="checkbox"/> NO				

ACCOUNT NUMBER	FLEET NUMBER	SUPPLEMENTAL NUMBER	REGISTRATION YEAR
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DISTANCE: Enter actual mileage accrued for each jurisdiction you traveled in. First year registrants are to report any accumulated mileage.

WEIGHT Please use additional pages for each weight group.

WEIGHT AND DISTANCE INFORMATION BY JURISDICTION

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

I certify that the actual distance reported for the apportioned registration renewal are true and accurate for the period of \_\_\_\_\_ through \_\_\_\_\_ and are supported by adequate records.