

*Louisiana
Apportioned
Registration
Application
Packet*



*2010-2011
Registration*

Louisiana Department of Public Safety and Corrections
Office of Motor Vehicles
International Registration Plan



IRP REGISTRATION CERTIFICATION

This form must be completed prior to IRP Registration. Please check box Y for yes or N for no.

1. Does the Louisiana address have a physical structure owned, leased or rented by the fleet registrant? Y N
2. Is this location open during normal business hours? (Monday – Friday / 8 a.m. to 5 p.m.) Y N
3. Is there a person or persons conducting the fleet registrant's business in the location during normal business hours? Y N
4. Are the operational records of the fleet located at this location? Y N
5. If not, can the operational records be made available at the Louisiana location in the event of an audit? Y N

If no, the registrant must pay all costs of travel and per diem expenses in accordance with the IRP Agreement, Section 1602.

New Account Certification

I / we, the undersigned, do hereby certify, under penalty of perjury, that the statements made herein are true and correct to the best of my/our knowledge, information and belief. I/we understand that in the event that the established place of business is proven to be outside the State of Louisiana, the registrant will be suspended and the registration and document fees will not be refunded.

Name of Registrant (Print or Type)

Account #

Signature of Registrant or Authorized Representative

Date

Application Certification

The undersigned does hereby certify, under penalty of perjury, that the information contained on the following Schedule A, B and/or E, to be true and correct to the best of my/our knowledge, and that liability security required by law will be maintained on all vehicles listed on this application.

Name of Registrant (Print or Type)

Account #

Signature of Registrant or Authorized Representative

Date

**Louisiana Dept. of Public Safety Office of Motor Vehicles
Distance Records, Audits, & Assessments**

IRP Article X Certification Document/Mandatory For New Accounts & Renewals

Under the provisions of Article X.15(b) of the International Registration Plan, (IRP), each base jurisdiction (state) administrator shall audit the supporting trip-distance records of the Registrants displaying apportioned base plates from his jurisdiction. To qualify for apportionment, a Registrant must operate interstate and must maintain accurate distance records of the trip movements of his apportioned vehicles.

Registrants must retain all records that support the apportioned application for the current registration year and three prior years. These records must be maintained on each individual vehicle from July 1 – June 30 of each distance reporting period. For example, records for registration year 2005 (distance year 7/1/2003-6/30/2004) must be retained through December 2008.

DETERMINATION OF VEHICLE TRIP DISTANCE:

- | | |
|-------------------------|---|
| 1. Speedometer/Odometer | 3. Distance chart (standard routes) |
| 2. State maps | 4. Household Goods Carrier's Distance guide |

EACH DAYS DISTANCE IS TO BE RECORDED ON A SOURCE DOCUMENT THAT SHOULD CONTAIN:

- | | | |
|-------------------------------|-------------------------------------|----------------------------------|
| 1. Date (starting and ending) | 5. Distance by Jurisdiction (State) | 9. Registrant's (carrier's) name |
| 2. Trip origin & destination | 6. Unit Number or VIN | 10. Trailer number |
| 3. Route of travel | 7. Vehicle fleet number | |
| 4. Total trip distance | 8. Driver's signature and/or name | |

Registrants must breakdown total distance in a summary that indicates distance traveled in each jurisdiction by month, and distance year for each apportioned vehicle. Total distance includes **ALL** trip movement (interstate and intrastate), including loaded, empty, deadhead and/or bob-tail distance. Registrants must record beginning and ending speedometer/odometer readings for all distance traveled.

EXAMPLES OF INDIVIDUAL VEHICLE DISTANCE RECORDS (IVDR's):

- | | |
|---|---|
| 1. Driver logs (by vehicle, jurisdiction) | 4. Any other records which contain the required information. Computer printouts are acceptable IF supported by the specified IVMR's. |
| 2. Driver trip sheets | |
| 3. Receiving documents (rental one-way) | |

NOTICE: In accordance with Article X.5(a) of the IRP, failure to maintain adequate distance records or to provide records within 30 calendar days of the Office of Motor Vehicle's auditors' written request, shall result in the auditors basing their assessment on the Registrant's true liability determined from any other available sources. Upon request, a registrant shall make records available, during normal business hours, to the Louisiana Department of Public Safety, Internal Audit Division. Additionally, if an audit results in a finding that a registrant underpaid, the registrant will receive a finding from the auditors. The registrant will have the opportunity to respond to the finding or appeal any assessment notice before it becomes final. However, once the auditors issue a final assessment, a registrant's failure to pay or appeal the final assessment shall result in the revocation of current registrations and the denial of renewal or supplemental activity.

I understand failure to maintain adequate distance records for my/our fleet, as required, shall result in an assessment as determined from any available information. I also understand that failure to pay or appeal a final assessment within 30 days shall result in the cancellation of my apportioned privileges. These records shall be made available, upon request, during normal business hours for examination and audited by the LA Department of Public Safety & Corrections. This document will be made a permanent part of my/our apportioned file.

Name of Registrant

LA Apportioned Account #

Signature & Title

Date

FLEET INFORMATION				PRINT OR USE TYPEWRITER			
LA Account #	Fleet #	Supp. #	License Year	<p align="center">STATE OF LOUISIANA INTERNATIONAL REGISTRATION PLAN ORIGINAL APPLICATION SCHEDULE A</p>			
NAME OF REGISTRANT							
BUSINESS LOCATION (DO NOT USE P.O. BOX AND MUST BE IN LA)							
MAILING ADDRESS (IF DIFFERENT)							
CITY	PARISH	STATE	ZIP	CITY	STATE	STATE	ZIP
TELEPHONE NO. ()				CONTACT PERSON NAME & PHONE #			

Column 2 * Type	Column 7 ** Fuel
TT - Truck Tractor	D - Diesel
TR - Tractor	
TK - Single Truck	G - Gas
RT - Road Tractor	
WR - Wrecker	P - Propane
BS - Bus	
CG - Converter	
Gear	

Fed. E.I.N.	Federal USDOT No.	Number of Months:	Verified By:	Date:
-------------	-------------------	-------------------	--------------	-------

#1 VEHICLE INFORMATION

1	2*	3	4	5	6	7**	8	9	10
Trans Type	Type Veh.	Unit --- Equip#	Vehicle Identification Number (as it appears on title)	Vehicle Make	Vehicle Year	Fuel Type	Axles Seats	Unladen Weight	Combined Gross Weight
Name of Owner (as it appears on title)			Title Number	Date Acquired	Purchase Price	Factory Price	Current License Plate Number	Form 2290 Schedule 1	Owner Federal USDOT No

#2 VEHICLE INFORMATION

1	2*	3	4	5	6	7**	8	9	10
Trans Type	Type Veh.	Unit --- Equip#	Vehicle Identification Number (as it appears on title)	Vehicle Make	Vehicle Year	Fuel Type	Axles Seats	Unladen Weight	Combined Gross Weight
Name of Owner (as it appears on title)			Title Number	Date Acquired	Purchase Price	Factory Price	Current License Plate Number	Form 2290 Schedule 1	Owner Federal USDOT No

DELETE VEHICLE(S)

1	2	3	4	5	6
Unit - Equip#	Plate Number	Vehicle Identification Number (as it appears on title)	Vehicle Make	Vehicle Year	Combined Gross Weight

**STATE OF LOUISIANA
INTERNATIONAL REGISTRATION PLAN
SCHEDULE A SUPPLEMENTAL PAGE**

TYPE OF OPERATION		TYPE OF APPLICATION	
Private Carrier (P)	Haul for Hire (H)	ORIGINAL APPLICATION	ADD and/or DELETE
		STATE ADDITION	LOST PLATE
Household Goods (M)	Rental (R)	RENEWAL APPLICATION	CONVERSION
		WEIGHT INCREASE / DECREASE	DUPLICATE CAB CARD

ADDITIONAL VEHICLE INFORMATION

1	2*	3	4	5	6	7**	8	9	10
Trans Type	Type Veh.	Unit --- Equip#	Vehicle Identification Number (as it appears on title)	Vehicle Make	Vehicle Year	Fuel Type	Axles Seats	Unladen Weight	Combined Gross Weight
			12	13	14	15	16	17	18
Name of Owner (as it appears on title)			Title Number	Date Acquired	Purchase Price	Factory Price	Current License Plate Number	Form 2290 Schedule 1	Owner Federal USDOT No

ADDITIONAL VEHICLE INFORMATION

1	2*	3	4	5	6	7**	8	9	10
Trans Type	Type Veh.	Unit --- Equip#	Vehicle Identification Number (as it appears on title)	Vehicle Make	Vehicle Year	Fuel Type	Axles Seats	Unladen Weight	Combined Gross Weight
			12	13	14	15	16	17	18
Name of Owner (as it appears on title)			Title Number	Date Acquired	Purchase Price	Factory Price	Current License Plate Number	Form 2290 Schedule 1	Owner Federal USDOT No

DELETE VEHICLE(S)

1	2	3	4	5	6
Unit - Equip#	Plate Number	Vehicle Identification Number (as it appears on title)	Vehicle Make	Vehicle Year	Combined Gross Weight

Instructions For Completing Schedule A

For all applications, please complete the front of the application in the following manner, beginning at the top left-hand side.

Page 1

FLEET INFORMATION:

IRP NUMBER: Your assigned five-digit Louisiana IRP number. If you have not been assigned a number, leave blank.

FLEET NUMBER: The two-digit number you have assigned to the fleet. Do not use letters for fleet designation.

SUPPLEMENT NUMBER: Leave blank.

REGISTRATION YEAR: The registration year for which you are applying.

NAME OF APPLICANT: The full legal name under which the individual, partnership, or corporation does business. If you have a corporation, the name must exactly match the name as filed with the Louisiana Secretary of State Office. Please include Incorporated (Inc.), Company (Co), Limited Liability Company (LLC), Limited (Ltd), doing business as (dba), or any other identifying characteristic. If your company has a dba, both names must be on the registration. List the name under which the account is to be established on the second line.

BUSINESS STREET ADDRESS: The physical address where you have an **established place of business**. A Louisiana-based fleet must have a Louisiana business address. See page 11 of the IRP Registrant Manual.

MAILING STREET ADDRESS: The address where apportioned credentials and correspondence are to be mailed. If this is the same as your business address, write "same."

CONTACT PERSON: Person to contact during normal business hours regarding information on the application. If this person is in another state, write that telephone number and name in the boxes provided.

WEIGHT INFORMATION: List the desired weight by the jurisdiction. Use a separate page for any vehicle with a difference in any jurisdiction. If left blank, the vehicle will be placed in existing weight group or the same weight group as the vehicle being deleted (in case of an add and delete).

VEHICLE INFORMATION:

COLUMN 1: TRANSACTION TYPE: Note if the transaction is a change to an existing vehicle, adding a vehicle, and/or deleting a vehicle.

COLUMN 2: TYPE: The type of vehicle is written in this column. Use the abbreviations found on the top of the page and vehicle type definitions in Appendix A of the IRP Registrant Manual.

COLUMN 3: UNIT EQUIPMENT NUMBER: This number is used for identification purposes only. Do not duplicate numbers.

COLUMN 4: VEHICLE IDENTIFICATION NUMBER: The complete vehicle identification number (serial number) as it appears on the vehicle title.

COLUMN 5: MAKE OF VEHICLE: The popular make abbreviations can be found in Appendix A.

COLUMN 6: YEAR: Place the model year of the vehicle in this column.

COLUMN 7: FUEL: Type of fuel used by each power unit must be listed.

COLUMN 8: AXLES OR SEATS: This is requesting the number of axles for the tractor/truck or the number of seats in a bus, including the driver's seat.

COLUMN 9: HORSEPOWER: Self explanatory and optional.

COLUMN 10: UNLADEN WEIGHT: The empty weight of the tractor only.

COLUMN 11: COMBINED GROSS WEIGHT: The total weight of the tractor, trailer and maximum load.

COLUMN 12: NAME OF OWNER: This must be the same as it appears on the title.

COLUMN 13: TITLE NUMBER: The number found on the title.

COLUMN 14: DATE OF PURCHASE: The date the vehicle was acquired.

COLUMN 15: PURCHASE PRICE: The actual price paid for the vehicle by the current owner.

COLUMN 16: FACTORY PRICE: The suggested Manufacturer's retail price for the vehicle.

COLUMN 17: CURRENT LICENSE PLATE NUMBER: If the vehicle is currently plated, we need that plate number.

COLUMN 18: FHVUT: Write Y (for yes) if you have a current stamped, receipted Federal Heavy Vehicle Use Tax, Form 2290, Schedule 1. Write N (for no) if you do not have this form. This form is required for any vehicle registered at 55,000 pounds or more and must be acquired within 60 days of purchase.

DELETE VEHICLE(S):

COLUMN 1 through 6: Complete all 6 columns with requested information for the vehicles you wish to remove from service.

Page 2 Schedule Supplemental Page

TYPE OF OPERATION: Check the box next to your type of business operation.

TYPE OF APPLICATION: Check the box(es) indicating the purpose of the application.

ORIGINAL APPLICATION: First time application for the account or fleet.

RENEWAL APPLICATION: Renewal of fleet.

ADD / DELETE: Adding vehicle(s) or removing vehicle(s) to or from an existing fleet.

CONVERSION: Converting from one type of use or plate to another.

ADDITION OF JURISDICTION: Add a participating state or province. Adding jurisdictions applies to all equipment in a fleet.

WEIGHT INCREASE / DECREASE: A change in the gross vehicle weight.

LOST PLATE: Replacing a lost or damaged license plate.

DUPLICATE CAB CARD: Replacing a lost or damaged cab card.

NOTE: NOT ALL JURISDICTIONS ALLOW FEE TRANSFERS. See Chapter 12.0 of the IRP Registrant Manual for information on jurisdictions that will not transfer registration

FLEET INFORMATION		
Fleet #	Supplement	License Year

NAME OF REGISTRANT	REGISTRATION PERIOD	
	Effective Date:	Expiration Date:
LOUISIANA BUSINESS LOCATION (DO NOT USE P.O. BOX)		
CITY	PARISH	STATE ZIP
TELEPHONE NO. ()	FAX NO. ()	

**STATE OF LOUISIANA
SCHEDULE E**

Date: _____

WEIGHT INFORMATION:

UNITS LISTED ON SCHEDULE "A" WILL BE AUTHORIZED TO OPERATE IN THE JURISDICTIONS INDICATED AT THE WEIGHT SHOWN. USE SEPARATE PAGE(S) FOR ANY VEHICLE WITH A WEIGHT DIFFERENCE IN ANY JURISDICTION. THE LISTED WEIGHTS WILL BE PRINTED ON THE CAB CARD FOR ALL UNITS LISTED BELOW.

Group #

AL	AZ	AR	CA	CO	CT	DC
DE	FL	GA	ID	IL	IN	IA
KS	KY	LA	MA	MD	ME	MI
MN	MS	MO	MT	NE	NV	NH
NJ	NM	NY	NC	ND	OH	OK
OR	PA	RI	SC	SD	TN	TX
UT	VT	VA	WA	WV	WI	WY
AB	BC	MB	NB	NF	NS	NT
ON	PE	QC	SK	YT	MX	

Equipment or Unit Number: List equipment or unit for the vehicles operating with the above weights.	

I certify information contained in this document is true and correct. If the vehicle(s) being registered is/are defined as a commercial motor vehicle, Registrant declares knowledge of Federal Motor Carrier Safety and/or Federal Hazardous Materials Regulations.

Signature _____ Date _____

Title _____

Instructions For Completing Schedule E

FLEET INFORMATION:

IRP NUMBER: Your assigned five-digit Louisiana IRP number. If you have not been assigned a number, leave blank.

FLEET NUMBER: The two-digit number you have assigned to the fleet. Do not use letters for fleet designation.

SUPPLEMENT NUMBER: Leave blank.

REGISTRATION YEAR: The registration year for which you are applying.

NAME OF APPLICANT: The full legal name under which the individual, partnership, or corporation does business. If you have a corporation, the name must exactly match the name as filed with the Louisiana Secretary of State Office. Please include Incorporated (Inc.), Company (Co), Limited Liability Company (LLC), Limited (Ltd), doing business as (dba), or any other identifying characteristic. If your company has a dba, both names must be on the registration. List the name under which the account is to be established on the second line.

BUSINESS STREET ADDRESS: The physical address where you have an **established place of business**. A Louisiana-based fleet must have a Louisiana business address, see page 11 of the IRP Registrant Manual.

DATE: The date you complete the application.

EQUIPMENT OR UNIT NUMBER: Enter the equipment / unit number(s) to increase the weight
For applications where jurisdictions are being added:

In the weight section (Schedule E), indicate weights for jurisdictions being added.

In the addition section (Schedule A), simply indicate "all equipment".

In the distance section (Schedule B), provide estimated distance with a detailed explanation for all jurisdictions being added.

Separate applications must be submitted for other transaction types.

Adding jurisdictions will apply to all equipment in the fleet, not just one specific unit. Indicate the required weight for the added jurisdiction(s) in the weight section (Schedule E). **DO NOT EXCEED THE MAXIMUM ALLOWABLE WEIGHTS.**

SIGNATURE: The application must be signed and dated by an authorized company representative. An agent may sign the application if a power of attorney is on file with IRP. Unsigned applications will be returned.

To avoid any problems or misunderstandings you can write across the bottom of Schedule A/E the reason for this application, such as:

- Add / Delete Vehicle(s)
- Owner Name Change
- Company Name Change
- Weight Increase / Decrease
- Jurisdiction Added
- Lost Plate / Duplicate Cab Card

FLEET INFORMATION			
LA Account #	Fleet #	Supp #	
NAME OF REGISTRANT			
BUSINESS LOCATION			
City	Parish	State	Zip
MAILING ADDRESS			
City	Parish	State	Zip

**STATE OF LOUISIANA
INTERNATIONAL
REGISTRATION PLAN**

ORIGINAL DISTANCE SCHEDULE B

**Proof Of Liability Insurance,
As Required By Louisiana Law,
Must Be Furnished Before This
Application Can Be Processed.**

Application must be properly signed
by registrant or authorized
agent in the space provided.

DO NOT SHOW ACTUAL AND ESTIMATED DISTANCE FOR THE SAME STATE. SEE DISTANCE REPORTING INSTRUCTIONS. LIST DISTANCE IN EACH JURISDICTION IN WHICH THIS FLEET TRAVELED FOR THE PERIOD OF JULY 1 THRU JUNE 30 OF THE YEAR PRECEDING THE LICENSE YEAR FOR WHICH YOU ARE APPLYING. PLACE AN "X" IN THE SQUARE NEXT TO EACH JURISDICTION FOR WHICH YOU ARE APPLYING FOR PROPORTIONAL REGISTRATION.

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

I certify information contained in this document is true and correct. If vehicle being registered is defined as a commercial motor vehicle, Registrant declares knowledge of Federal Motor Carrier Safety and/or Federal Hazardous Materials Regulations.

Explain in detail on reverse side any
estimated distances

SIGNATURE & TITLE _____ DATE _____

RENEWAL SCHEDULE G

This form should only be used if you do not wish to use the estimated distance chart in the Louisiana IRP Registrant Manual.

The SCHEDULE G is used when calculating your own estimated distances. In accordance with the International Registration Plan, these distances must be approved by LA OMV and may be adjusted.

Instructions: For each trip, list the new jurisdiction through which you plan to travel, the estimated distance you plan to travel within that jurisdiction, and the estimated number of trips per vehicle. This will determine the total estimated distance reported on the Schedule B. Detach and return with your renewal application. Carriers processing renewals online will be required to submit the Schedule G to LA OMV along with any other required documents.

Estimated Jurisdiction: Oklahoma				EXAMPLE V V V			
CITY	ST	CITY	ST	DISTANCE	X TRIPS	X VEHICLES	TOTAL EST DIST
Oklahoma City		Tulsa		104 miles	10	1	1040 miles
Tulsa		Oklahoma City		104 miles	10	1	1040 miles
TOTAL ESTIMATED DISTANCE							2080miles
Estimated Jurisdiction:							
CITY	ST	CITY	ST	DISTANCE	X TRIPS	X VEHICLES	TOTAL EST DIST
TOTAL ESTIMATED DISTANCE							
Estimated Jurisdiction:							
CITY	ST	CITY	ST	DISTANCE	X TRIPS	X VEHICLES	TOTAL EST DIST
TOTAL ESTIMATED DISTANCE							
Estimated Jurisdiction:							
CITY	ST	CITY	ST	DISTANCE	X TRIPS	X VEHICLES	TOTAL EST DIST
TOTAL ESTIMATED DISTANCE							
Estimated Jurisdiction:							
CITY	ST	CITY	ST	DISTANCE	X TRIPS	X VEHICLES	TOTAL EST DIST
TOTAL ESTIMATED DISTANCE							

Attach additional sheets if necessary.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature of Owner or Corporate Officer

Date

Application Checklist

To prevent processing delays, please take the time to carefully check your application.
Did you:

1.	List the correct IRP number and fleet number at the top of all pages of the application?	
2.	Indicate the registration year and the effective date in the appropriate boxes?	
3.	Check the "Type of Operation" on the application?	
4.	Attach proof of payment of the Federal Heavy Vehicle Use Tax for vehicles weighing 55,000 lbs or more?	
5.	Provide a contact person and telephone number?	
6.	Make sure that all vehicle information is accurate and legible and the complete vehicle identification number (VIN) is provided?	
7.	Complete the weight section for all registered jurisdictions?	
8.	Provide your US DOT number and your FEIN?	
9.	Sign the application(s) where indicated?	
10.	Provide a detailed explanation of estimated distances or indicate that you used the distance chart?	
11.	Write distances next to jurisdictions and check ("Y") if you want to apportion?	
12.	Keep copies for your records?	



Louisiana Office of Motor Vehicles District & Regional Map

This revised document was compiled by:
 Becky Dunaway & Cecile Bush, Motor Vehicle Manager IIs,
 Customer Services Program, Louisiana Department of Public Safety,
 Office of Motor Vehicles; Administrators Cynthia Robbins & Staci Hoyt,
 Commissioner Kay Hodges.

This document may be duplicated by anyone who wishes to have a copy at their disposal for use in compliance with the Louisiana requirements and the Interstate requirements of the International Registration Plan, Inc.