

**INTERNATIONAL REGISTRATION PLAN
SUPPLEMENTAL APPLICATION (SCHEDULE C)**

North Dakota Department of Transportation
Motor Vehicle Division/Motor Carrier Section
SFN 2479 (Rev. 05-2002)

(Must indicate a street address in base jurisdiction)

Mailing Street Address			
City	County	State	Zip Code

Name of Registrant			
Business Address			
City	County	State	Zip Code

Supplemental Number

Page of	License Year	Fleet Number	Account Number
Person to Contact Regarding Application			
City	State	Telephone Number	

Jurisdictional Use

(All Columns Except #1 Must Be Completed By Carrier)

ADDITIONS

1 LICENSE PLATE NUMBER	2 B J A U S R E	3 UNIT NUMBER	4 Y E A R	5 MAKE	6 VEHICLE IDENTIFICATION NUMBER	7 * T Y P E	8 A S X E L A E T S S	9 ** F U E L	10 DECLARED COMB. GROSS WEIGHT	11 UNLADEN WEIGHT	12 NAME OF OWNER	13 TITLE NUMBER	14 DATE OF PURCH	*** 15 PURCHASE PRICE			16 30,000 MILE OR LESS	17 FEES BASES UPON NUMBER OF MONTHS
														(a.) ORIGINAL PRICE	(b.) FACTORY PRICE	(c.) LATEST PRICE		
ND																		
ND																		
ND																		
ND																		
ND																		
ND																		

DELETIONS

1 ORIG OR SUPP NO	2 LICENSE PLATE NUMBER	3 DELETED EQUIP. NUMBER	4 Y E A R	5 MAKE	6 VEHICLE IDENTIFICATION NUMBER	7 LICENSED WEIGHT	8 ADDED EQUIPMENT NUMBER	9 REASON REMOVED

COLUMN NUMBER 7 * TYPE			COLUMN NUMBER 9 ** FUEL		
TT - TRUCK TRACTOR	FIT - ROAD TRACTOR	BS - BUS	D - DIESEL	G - GASOLINE	P-PROPANE
TR-TRACTOR TK - TRUCK (SINGLE)	ST - SEMI-TRAILER	CG - CONVERTER GEAR			
	FT - FULL-TRAILER				

Total Number of Units Deleted
Total Number of Units Added

I declare, with my signature on my registration application that I am knowledgeable of the Federal or State Motor Carrier and Hazardous Materials Safety Regulations.

The undersigned, under oath, swears under penalty of perjury that the information furnished in this application and the attached schedules are true and correct.

Signature _____ Title _____

This _____ day of _____, _____

* List Declared Gross Weight on Reverse Side for Apportioned Jurisdictions.

INTERNATIONAL REGISTRATION PLAN GROSS REGISTRATION WEIGHT SCHEDULE

Carrier Account Number:
Fleet Number:

Name of Registrant:

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

The schedule must be completed by the Carrier and should indicate the gross weight you wish to apportion in each jurisdiction. Vehicles must be listed in the same unit number order as on the reverse side.

MOTOR VEHICLE DIVISION/IRP
 ND DEPARTMENT OF TRANSPORTATION
 608 E BOULEVARD AVE
 BISMARCK ND 58505-0780
 Telephone (701) 328-2725
 Fax (701) 328-3500