

**INTERNATIONAL REGISTRATION PLAN
ORIGINAL APPLICATION (SCHEDULE A)**

North Dakota Department of Transportation
Motor Vehicle Division/Motor Carrier Section
SFN 2477 (Rev. 11-2002)

Mailing Street Address			
City	County	State	Zip Code

(Must indicate a street address in base jurisdiction)

Name of Registrant			
Business Address			
City	County	State	Zip Code

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

Registration Option
Check One March 31 June 30 September 30 December 31

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

1 LICENSE PLATE NUMBER	2 B J A U S R E	3 EQUIP. NUMBER	4 Y E A R	5 M A K E	6 V E H I C L E I D E N T I F I C A T I O N N U M B E R	7 * T Y P E	8 A X L E S	9 ** F U E L	10 D E C L A R E D C O M B. G R O S S W E I G H T	11 U N L A D E N W E I G H T	12 N A M E O F O W N E R	13 T I T L E N U M B E R	14 D A T E O F P U R C H	*** 15 P U R C H A S E P R I C E			16 30,000 M I L E O R L E S S	17 F E E S B A S E S U P O N ____ N U M B E R O F M O N T H S
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COLUMN NUMBER 7
*TYPE TT - TRUCK TRACTOR TR - TRACTOR TK - TRUCK (SINGLE) RT - ROAD TRACTOR ST - SEMI-TRAILER FT - FULL-TRAILER BS - BUS CG - CONVERTER GEAR

COLUMN NUMBER 9
**FUEL D - DIESEL G - GASOLINE P - PROPANE

Number of Power Vehicles in Fleet	Number of Trailers in Fleet	Total Number of Vehicles in Fleet
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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 _____, _____

MOTOR VEHICLE DIVISION/IRP
ND DEPT. OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
(701) 328-2725
FAX (701) 328-3500

**INTERNATIONAL REGISTRATION PLAN
ORIGINAL MILEAGE AND RECAP (SCHEDULE B)**

North Dakota Department of Transportation
Motor Vehicle Division/Motor Carrier Section
SFN 2477 (Rev. 11-2002) Page 2

Name of Registrant:

Carrier Account Number:

Fleet Number:

- A. Mark "X" in square for each state where you are filing for proportional registration.**
B. List mileage and gross weight for each jurisdiction.

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

Total 100%
Fleet Miles

TYPE OF OPERATION			
Common Carrier Exempt Commodities	Wyoming Intrastate		
Livestock	Grain	Logs	Ore
Sand, Rock, or Gravel		Other	
Rental Company		Private Carrier	
Haul for Hire		Household Goods Carrier	

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Explain in detail scope of your operation, covering any estimated mileage
