

INTERNATIONAL REGISTRATON PLAN (FRP) IRP (2) - VEHICLE INFORMATION

PLEASE PRINT OR TYPE

| 78-989 | 91E (10/21) |
|--------|-------------|
| DVCE | ΩE |

| CANADA | | | | | | | | | \/[| IICLE TDAI | NCACTIC | N TVDE /TE | ANC CD) | | VEHICLE | TVDES (VEH TVDE) | FUEL TYPE | | |
|--|--|-------------|-----------|----------------------------|--|---------------|--------------|----------------|-------------------|--|-------------------------------|-----------------|--------------|------------------------|-------------|-----------------------|------------------------|---------------|----------|
| (1) CLIENT ID | CLIENT ID FLEET YY SUPP. (2) REGISTRANT NAME | | | | | | | AV - | | | | | | | P – PROPA | | | | |
| Vehicles listed on this pagi jurisdictions at the weights | | | | | • | | | | DV - | – DELETE | VEH. DR | – DELETE | VEH. USING | CREDIT | BS - BUS | 3 | G – GASOLI | NE O – OTHER | R |
| page(s) for any vehicle with | | | | (5) TRANS CD | UNIT NO. | PLATE# | PROV | NEW PLAT | TE# | YEAR | MAKE | MODEL | COLOUR | CYL | FUEL VEH | VEHICLE IDENTIFICATIO | N NUMBER | | |
| jurisdiction. | | | | (6) 112 212 | 0 | | | | | , | | | 0020011 | " | TYPE | | <u>.</u> | 1 1 1 1 | 1 1 1 |
| (3) NOTE : If weight varies please explain: | ictions, | 1 | BUS SEATS | WHEEL BASE | TARE (kg) | AXLES | INSURANC | CE POLI | ICY NUMBI | ER | | INSURER' | S NAME | | | EXPIRY DATE | : | | |
| (m) | | | | | | | | | | | | | | | | | | | |
| - LESSOR/NAME | | | | | | | I | | LESS | OR ADDI | RESS | I | | | | | | | |
| | | BROKER NAME | | | | | | BROKER ADDRESS | | | | | | | | | | | |
| (4) CANADA (KGS) | U.S. | (LBS) | | | | | | | SE END | END DATE OWNED VEH. – DATE OF PURSHASE PURCHASE PRICE TRADE-IN VALUE | | | | | | | | | |
| BC | MD | | | \$ | | | | | | | | | | | \$ | | \$ | | |
| AB | ME | | | | | | | | | | | | | | | | | | |
| SK | MI | | | TRANS CD | UNIT No. | PLATE# | PROV | NEW PLA | ATE# | YEAR | MAKE | MODEL | COLOUR | CYL I | FUEL VEH | VEHICLE IDENTIFICATIO | N NUMBER | | |
| MB | MN | | | 1 | 011111101 | | | | | , | I W WE | | 0020011 | " | TYPE | | <u>.</u> | 1 1 1 1 | 1 1 1 |
| ON | МО | | 2 | BUS SEATS | WHEEL BASE | TARE (kg) | AXLES | INSURAN | NCE PO | LICY NUMI | <u>I</u> BER | | INSURE | I I R'S NAME | | | EXPIRY DATE | | |
| QC (AXLES) | MS | | | | (m) | () | | | | | | | | | | | | | |
| NB | MT | | | LESSOR NAME | <u> </u> | | | | | LESS | OR ADDI | RESS | | | | | | | |
| NS | NC | | | BROKER NAME BROKER ADDRESS | | | | | | | | | | | | | | | |
| PE | ND | | | MONTHLY LEA | | LEASE START D | ATE | LIEAG | SE END | | | | WNED VEH | DATE OF | PURSHASE | PURCHASE PRICE | I T | RADE-IN VALUE | <u> </u> |
| NL | NE | | | \$ | SE AMOUNT | LEASE START L | AIE | . LEAS | SE END | DATE | | .] " | WNED VEH. | - DATE OF | PURSHASE | \$ | \$ | | = |
| YT | NH | | | | | | | | | | | | | | | | | | |
| NT | NJ | | | TRANS CD | UNIT No. | PLATE# | PROV | NEW PLA | ATE# | YEAR | MAKE | MODEL | COLOUR | CYL | FUEL VEH | VEHICLE IDENTIFICATIO | N NI IMRED | | |
| U.S. (LBS) | NM | | | TRANS OB | ONIT NO. | 1 2/12# | I KOV | INCW I L | \\\L# | ILAK | TENK INVIKE INOBEE GOLGOK OTE | | " | TYPE | | I I I I I | | 1 1 1 | |
| AK | NV | | 3 | BUS SEATS | WHEEL BASE | TARE (kg) | E (kg) AXLES | INSURAN | NCE POLICY NUMBER | | INSURE | I I R'S NAME | | | EXPIRY DATE | <u></u> | | | |
| AL | NY | | | | (m) | (19) | | | | | | | | | | | | | |
| AR | ОН | | | LESSOR/NAME | | <u> </u> | | | | LESSOR ADDRESS | | | | | | | | | |
| AZ | OK | | | BROKER NAME | = | | | | | BROKER ADDRESS | | | | | | | | | |
| CA | OR | | | MONTHLY LEA | | LEASE START D | ATE | LIEVE | SE END | | | | | | | PURCHASE PRICE | E PRICE TRADE-IN VALUE | | |
| CO | PA | | | \$ | SE AWOUNT | LEASE START D | 'AIE | . LEAS | SE EIND | DATE | | | WINED VEH. | - DATE OF | | \$ | \$ | RADE-IN VALUE | ⊑ |
| СТ | RI | | | | | | | | | | | | | | | | | | |
| DC | SC | | | TRANS CD | UNIT No. | PLATE# | PROV | NEW PLA | ATF# I | YEAR | MAKE | MODEL | COLOUR | CYL I | FUEL VEH | VEHICLE IDENTIFICATIO | N NUMBER | | |
| DE | SD | | | 710 1140 00 | JI411 140. | | 11.00 | 1,42,47,12 | | 12/11 | IVII UNL | WODEL | JOLOUIX | " ' | TYPE | | | 1 1 1 1 | 1 1 1 |
| FL | TN | | 4 | BUS SEATS | WHEEL BASE | TARE (kg) | AXLES | INSURAN | NCE PO | LICY NUMI | BER | | INSURE | I <u>I</u> R'S NAME | | | EXPIRY DATE | | |
| GA | TX | | | | (m) | () | | | | | | | | | | | | | |
| IA | UT | | | LESSOR/NAME | | | -1 | | | LESS | OR ADDI | RESS | | | | | | | |
| ID | VA | | | BROKER NAME | | | | | BROKER ADDRESS | | | | | | | | | | |
| IL | VT | | | MONTHLY LEA | | LEASE START D | ΔΤΕ | LIEVO | SE END | | | | VEH. – DA | TE OF DI ID | SHASE | PURCHASE PRICE | 1 + | RADE-IN VALUE | E |
| IN | WA | | | \$ | OL AWOUNT | LLAGE START D | /ΛΙ L | LEAS | , CIND | DATE | | OWINEL | , vLII. – DA | IL OI FUR | OI IAOL | \$ | \$ | | - |
| KS | WI | | | | | | | | | | | | | | | | | | |
| KY | WV | | | | | | | | | | | | | | | | | | |
| LA | WY | | | (6) SIGNATURE | OF APPLICANT | <u> </u> | | | | ΔΡΡΙ Ι | CANT NA | ME (PI FAS | F PRINT | | | | DATE | | |
| MA | + + | | | (6) SIGNATURE OF APPLICANT | | | | | | · | | | | | | | | | |
| • | | | | | | | | | | | | M: DO D | | | | t FOC 4FO 007C / | | | |

INSTRUCTIONS

The following instructions are intended to provide general directions on completion of your application. Please review carefully prior to submitting your forms. Print or type all information entered on the application form. If you have any questions, contact the IRP office in your area. Further information is provided in the IRP Carrier Manual. Completed forms may be faxed to begin the application process; however original signed copies of the form must be submitted to IRP office.

1. CARRIER ACCOUNT INFORMATION:

Client ID No. The seven (7) digit account number assigned to you by the IRP office. If you are a new carrier, leave this space blank.

Carrier Assigned Unit Number for vehicle within

Fleet The two (2) digit fleet number.

Fleet Year The last two (2) digits of the year in which the fleet expires. For example, if your fleet expires March 31, 2020 the year is 20.

Supp. The three (3) digit supplement number for the application. A first transaction or fleet renewal in IRP is supplement 00. If you do not know the supplement number, leave this space blank.

CURRENT PLATE #

Plate number currently on vehicle

Enter the name of the carrier, person, company or corporation in which the fleet is to be registered.

UNIT NUMBER

3. WEIGHT VARIANCES: IPR limits the registered weight to not vary by more than 10% between the highest and lowest weights requested for jurisdictions. If the weight varies more than 10% within Canada or 10% within US, you must

provide a detailed explanation in the space provided.

Add Vehicle

4. VEHICLE WEIGHTS: List Canadian jurisdiction weights in Kilograms (for Quebec the number of axles) and US weight in pounds. Weights must be entered for all jurisdictions.

New fleet, renew fleet

5.VECHICLE INFORMATION:

TRANS CD

6. SIGNATURE

ΑV

Canadian \$

Signed and dated by contact person

2. REGISTRANT NAME:

| | | | and add vehicle to fleet | | fleet | | · |
|-------------------------------------|-----------------------------------|-----------------------------|--|---|--|---------------------------------|---|
| | DV | Delete Vehicle | Delete vehicle without replacement in same | | | | |
| | AR | Add Vehicle (credit) | supplement Add vehicle using credit from deleted vehicle in same supplement | | | | |
| | DR | Delete vehicle (credit) | Delete vehicle using credit on fees for another vehicle within same supplement | | | | |
| PROV | 2 Digit Provincial registered. | Il code in which vehicle is | came cappionioni | NEW PLATE # | Leave Blank for Office Use Only | YEAR | Year of Vehicle |
| MAKE | Up to first six (6) | digits of make | | MODEL | Up to first six (6) digits of model of vehicle | COLOUR | Primary colour of vehicle |
| CYL | Number of cylind | ders | | FUEL | Fuel type as listed by code on vehicle information form | VEH TYPE | The type of vehicle as per vehicle types listed on form. |
| VEHICLE IDENTIFICATION NUMBER (VIN) | Complete VIN (s being registered. | serial number) of vehicle | | BUS SEATS/ WHEEL BASE | Maximum number of passengers that can be transported / wheel base in meters. | TARE WEIGHT | Empty weight of power unit. |
| AXLES | Number of axles | on power unit | | INSURANCE POLICY NUMBER | Policy number issued by insurance company | INSURER'S NAME | Name of Insurance Company |
| EXPIRY DATE | Expiry date of ins (DD/MM/YYYY) | surance policy in | | LESSOR/BROKER NAME AND ADDRESS | Complete name and address of lessor or broker | MONTHLY LEASE AMT | Lease amount per month in Canadian funds |
| LEASE START/END DATE | Start and End da (DD/MM/YYYY) | | | OWNED VEHICLE DATE OF PURCHASE | Date vehicle purchased in (DD/MM/YYYY) | OWNED VEHICLE PURCHASE PRICE | Purchase price of vehicle in Canadian funds, including accessories, service and finance charges |
| TRADE IN VALUE | Value of Trade in | n on previous vehicle in | | _ = = = = = = = = = = = = = = = = = = = | | | 3 |

NOTE: The Issuance of a Registration Document Is Not a Waiver of the Requirements for Any IRP Jurisdiction with Respect to Obtaining Operating Authority, Fuel Permits, Numbers or Financial Responsibility