



INTERNATIONAL REGISTRATION PLAN (Full Reciprocity)
IRP (1) CARRIER APPLICATION

Completed forms may be faxed to begin the application process; however original signed copies of the form must be submitted to IRP office

(1) Client ID	Fleet	YY	Supp	(2) Effective Date DD MM YY	(3) Expiry Date DD MM YY	(4) Fleet Transaction: New Fleet (NF) <input type="checkbox"/> Renew Fleet (RF) <input type="checkbox"/> Amend Fleet (AF) <input type="checkbox"/>			
(5) Registrant Name						(6) Carrier Type: For Hire <input type="checkbox"/> Private <input type="checkbox"/> Daily Rental <input type="checkbox"/> Household Goods <input type="checkbox"/>			
(7) NSC Number				(8) IFTA Number		(9) US DOT Number			
(10) Business Address						City/Town		Prov	Postal Code
(11) Mailing Address						City/Town		Prov	Postal Code
(12) Contact Name			(13) Telephone			(14) Fax		(15) E-Mail	

DISTANCE MUST BE REPORTED IN KILOMETERS

(16) Jurisdiction	Distance (KM)	Jurisdiction	Distance (KM)	Jurisdiction	Distance (KM)	(16) Jurisdiction	Distance (KM)
BC British Columbia		CT Connecticut		MS Mississippi		TX Texas	
AB Alberta		DC District of Columbia		MT Montana		UT Utah	
SK Saskatchewan		DE Delaware		NC North Carolina		VT Vermont	
MB Manitoba		FL Florida		ND North Dakota		VA Virginia	
ON Ontario		GA Georgia		NE Nebraska		WA Washington	
QC Quebec		IA Iowa		NH New Hampshire		WI Wisconsin	
NB New Brunswick		ID Idaho		NJ New Jersey		WV West Virginia	
NS Nova Scotia		IL Illinois		NM New Mexico		WY Wyoming	
PE Prince Edward Island		IN Indiana		NV Nevada			
NL Newfoundland & Labrador		KS Kansas		NY New York		(17) Total Fleet Distance	
YT Yukon		KY Kentucky		OH Ohio		(18) Real Distance from 1, July _____ to 30, June _____	
NT North West Territories		LA Louisiana		OK Oklahoma		(19) Fleet Insurance:	
AK Alaska		MA Massachusetts		OR Oregon		Insurance Company Name:	
AL Alabama		MD Maryland		PA Pennsylvania		Policy Number:	
AR Arkansas		ME Maine		RI Rhode Island		Effective Date (DD/MM/YY):	
AZ Arizona		MI Michigan		SC South Carolina		Expiry Date (DD/MM/YY):	
CA California		MN Minnesota		SD South Dakota			
CO Colorado		MO Missouri		TN Tennessee			

(20) DECLARATION: I, the undersigned, declare that all requirements for vehicle registration, for insurance and for the payment of all fees and taxes that may be required by statute or regulation of those jurisdictions in which travel is intended have been met. I hereby certify that the information given in this application and supporting documentation is true and complete and I am fully aware of the requirements and obligations imposed by the International Registration Plan (IRP). I maintain an established place of business as required by IRP. I hereby authorize the Province of New Brunswick to forward information from my application(s) to other IRP jurisdictions for the purpose of administering the IRP program.

 AUTHORIZED SIGNATURE

 DATE (DD/MM/YY)

MAIL TO: IRP Office, PO Box 1998, Fredericton NB E3B 5H4 or fax to: 506 453-3076 / email: IRP@snb.ca

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 The seven (7) digit account number assigned to you by the IRP office. If you are a new client, leave this space blank
- 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, 2010 the year is 10.
- Supp The 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.

2. Effective Date

The date you want the transaction to become effective. Please enter date in day, month, year (DD,MM, YYYY) format.

3. Expiry Date

The date you want the fleet to expire. Please enter date in day, month, year (DD,MM, YYYY) format. The expiry date must be on the last day of a month.

4. Fleet Transaction

Please enter an "X" in the box for the type of transaction you want processed

5. Registrant Name

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

6. Carrier Type

Enter an "X" in the box for the type of operation you are engaged in

7. NSC Number

The National Safety Code number for New Brunswick (if known).

8. IFTA Number

The International Fuel Tax Agreement Number for New Brunswick (if known).

9. US DOT Number

The USDOT number is an identification number issued to motor carriers, registrants and shippers by the United States Department of Transportation. You will require a US DOT Number if you intend to operate in the United States. Refer to the Carrier Manual for further information on obtaining a US DOT number. If you have a US DOT number enter in this space

10. Business Address

Enter the physical location of the business. Do not enter a post office box. The business must be located in New Brunswick.

11. Mailing Address

Enter the mailing address of the contact person in box 11

12. Contact Name

Enter the name of the individual responsible for handling the application and payments

13. Telephone

Enter the telephone number of the contact person in box 13

14. Fax Number

Enter the Fax number of the contact person in box 14

15. E-Mail Address

Enter the email address for the contact person

16. Jurisdiction/Distance

Enter the real distance in kilometers travelled during the reporting period. For new fleets without prior distance incurred, enter the kilometers for ALL jurisdictions from the NB Average Distance Chart.

17. Total Fleet Distance

Enter the total fleet distance. Distance must be entered in kilometers only.

18. Distance reporting period

Enter the year for which the real distance is reported (DD,MM, YYYY format)

19. Fleet Insurance

Enter the insurance company name, policy number, effective date and expiry date. Please enter date in day, month, year (DD,MM, YYYY) format. This must be provided unless the vehicles are insured separately and are shown on the IRP - 2 form.

20. Declaration

The application must be dated and signed by the contact person indicated in Section 12.