

Indiana Department of Revenue Application for the International Registration Plan Schedule A

Please refer to the back for instructions.

Image: Construct of the entire names, titles, address and SSN to match the updated columns. (Attach a separate sheet if necessary.) 18. Staggered Month 18. Staggered Month 18. Staggered Month 18. Staggered Month 18. Staggered Month 18. Staggered Month 18. Staggered Month 19. Partnership Incorporation 10. County 11. City 20. Taxpayer Identification 10. County 11. City 20. Taxpayer Identification 19. Sole-Proprietorship Government Owned 11. City 20. Taxpayer Identification 20. Taxpayer Identification County 21. Account Contact Period 12. State 22. Contact Telephone Number 22. Contact Telephone Number 22. Contact Telephone Number 23. Account Fax Number 24. Please list the entire names, titles, address and SSN to match the updated columns. (Attach a separate sheet if necessary.) Last, First and Middle Initial Title (Owner, Partner, etc.)	19. New Account
Partnership Incorporation Nonprofit Sole-Proprietorship Government Owned LLC 3. Federal ID Number (or Social Security Number if Sole-Proprietor) 12. State 13. ZIP Code 21. Account Contact Per 4. Indiana Business Street Address 14. Indiana Business Telephone Number 22. Contact Telephone N 5. County 6. City 7. State 8. ZIP Code 15. Email Address 23. Account Fax Number 24. Please list the entire names, titles, address and SSN to match the updated columns. (Attach a separate sheet if necessary.) 23. Account Fax Number	Yes No
5. County 6. City 7. State 8. ZIP Code 15. Email Address 23. Account Fax Number 24. Please list the entire names, titles, address and SSN to match the updated columns. (Attach a separate sheet if necessary.)	ion Number
5. County 6. City 7. State 8. ZIP Code 15. Email Address 23. Account Fax Number 24. Please list the entire names, titles, address and SSN to match the updated columns. (Attach a separate sheet if necessary.)	ərson's Name
5. County 6. City 7. State 8. ZIP Code 15. Email Address 23. Account Fax Number 24. Please list the entire names, titles, address and SSN to match the updated columns. (Attach a separate sheet if necessary.)	Number
	er
Last, First and Middle Initial Title (Owner, Partner, etc.) Address	
	SSN
Below, please indicate the appropriate weights for vehicles listed in Section 3.	
AB AL AR AZ BC CA CO CT DC DE FL	GA IA
NZ ID IL IN KS KY LA MA MB MD ME MI	MN MO
NO IL IN NS NY LA MA MB MD ME MI MS MT NB NC ND NE NF NH NJ NM NS OH OK ON OR PA PE OC PL SC SD SK	NV NY
CH OK ON OR PA PE QC RI SC SD SK	TN TX
UT VA VT WA WI WV WY	
1 2 3 4 5 6 7 8 9 10 11 12 13 14	15 16 17
Unit Year Make Vehicle Type Axles Motor Motor Is Lease Fuel Unladen Declared Declared Combined Purchase ••	Factory Purchase Owner Price Date
No for Safety Yes/No	

Schedule A Instructions

SECTION 1

Line 1. Enter the Legal Name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The department will register the applicant in the same name as registered with the Indiana Secretary of State or Indiana Department of Revenue.)

Line 2. Enter the business entity type as registered with the Indiana Secretary of State or Indiana Department of Revenue. Business entity types are incorporation, partnership, sole proprietor, not-for-profit organization, government owned, or LLC.

Lines 3. Enter the Federal Identification Number if registered as a corporation or partnership. Enter the Social Security Number if registered as a sole proprietorship.

Lines 4 through 8. Enter the Indiana physical address location of the place of business, where operational records can be attained and where actual miles are accrued.

Line 9 through 13. Enter the mailing address where correspondence regarding the IRP Account is to be received by the contact person (designated on Line 22). Use the mailing address area on the Schedule B or BN to indicate the fleet mailing address.

Line 14. Enter the Indiana business telephone number.

Line 15. Enter the email address for electronic communication with the IRP Unit.

Line 16. Enter the Indiana IRP account number and fleet number. If the application is for the establishment of an new IRP account, leave blank.

Line 17. Enter the date (MM/DD/YY) which the applicant is seeking their registration to start.

Line 18. Enter the staggered month of the IRP account.

Line 19. Enter an X in the appropriate box for determining if a new account.

Line 20. Enter the Taxpayer Identification Number of the applicant. All business entities must register with the Indiana Department of Revenue and obtain a taxpayer identification number.

Line 21. Enter the name of the person who is responsible for conducting the account's business with the IRP Unit. If the contact person is not a listed responsible officer of the business entity, then a Power of Attorney is required, with the signature of a responsible officer and the contact person designee.

Line 22. Enter the telephone number of the contact person.

Line 23. Enter the account fax number.

Line 24. List each owner, partner, or responsible officer registered with the Indiana Secretary of State or the Indiana Department of Revenue along with their title, address, and Social Security Number (SSN). If more space is needed, attach additional sheets.

SECTION 2

Indicate the appropriate weights in the jurisdiction for the vehicle(s) in Section 3. The weight must be the "Declared

Combined Gross Weight" or the "Declared Gross Vehicle Weight" as shown in Section 3, Column 13.

SECTION 3

Column 1. Enter the registrant assigned unit number or equipment number for the vehicle.

Column 2. Enter the last two digits of the model year of the vehicle.

Column 3. Enter the vehicle make using the three letter abbreviation that is shown on the vehicle title or title application.

Column 4. Enter the entire Vehicle Identification Number (VIN) as shown on the certificate of title or title application.

Column 5. Enter the type of vehicle. Vehicle Types: TK - Truck (single), TR - Tractor, TT - Truck Tractor, RT - Road Tractor, ST - Semi-Trailer, FT - Full Trailer, BS - Bus, WR - Wrecker. (Use only the abbreviation.) Enter "5ST" for Five-Year Semi-Trailer plate or "PST" for Permanent Semi-Trailer plate.

Column 6. Enter the number of axles, including axles in a tandem group. If registering a bus, indicate the rated seat capacity.

Column 7. Enter the Motor Carrier USDOT Number of the entity responsible for the vehicle safety fitness. If the registrant is a lessee, the responsible party will be determined via a lease agreement.

Column 8. Enter the Motor Carrier responsible for safety FEIN / SSN (TIN).

Column 9. Enter Y or N if lease is less than 30 days.

Column 10. Enter the fuel type. Fuel types are as follows: CNG -Compressed Natural Gas, D - Diesel, E - Electric, G - Gasoline, H - Hybrid, LNG - Liquid Natural Gas, P - Propane, and O - Other

Column 11. Enter the weight of the vehicle fully equipped for service excluding the weight of any load.

Column 12. Enter the total unladen weight of the vehicle plus the maximum load to be carried on the vehicle.

Column 13. Enter the total unladen weight of the combination of vehicles plus the maximum load to be carried on that combination of vehicles.

Column 14. Enter the actual purchase price of the vehicle paid by the current owner, excluding trade in and sales tax, including accessories or modifications attached to the vehicle.

Column 15. Enter the manufacturer's retail price excluding trade in and sales tax, including accessories or modification attached to the vehicle.

Column 16. Enter the month, day and year in which the vehicle was purchased by the current owner.

Column 17. Enter the name of the titled owner, if the vehicle is not owned by the applicant.