



# Instructions for Completing International Registration Plan Schedule B

## 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.)

**Lines 2 through 6:** Enter the street address if different than the Indiana business street address on the Schedule A.

**Lines 7 through 11:** Enter the mailing address if different than the applicant mailing address on the Schedule A. Each fleet may have an independent mailing address where credentials or other correspondence regarding the fleet will be sent by the IRP Unit.

**Line 12:** Enter the Indiana IRP Account Number.

**Line 13:** Enter the fleet number.

**Line 14:** Enter the USDOT Number of the registrant. All IRP registrants are required to obtain a USDOT Number unique to the registrant. The USDOT Number should be in the name in which the registrant registered with the Indiana Secretary of State or Indiana Department of Revenue.

**Line 15:** Enter the International Fuel Tax License Number. The registrant is responsible for providing proof of IFTA responsibility whether through the registrant having an IFTA License or through a Lease Agreement.

**Line 16:** 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 17:** Enter the name of the person who is responsible for conducting the fleet'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 18:** Enter the telephone number of the fleet contact person.

**Line 19:** Enter the type of carrier. Please indicate all the carrier types that apply to this fleet.

## Section 2

For each IRP jurisdiction in which you traveled, enter the total mileage of the fleet in the jurisdictions during the appropriate mileage reporting period. Enter actual miles for jurisdictions traveled or check the box if you have no actual distance to report.

## Section 3

**Line 20:** Enter the years of the mileage reporting period.

The Schedule B must be signed by the responsible person. Please include the job title and date.

Print or type the full name of your insurance company licensed in Indiana (not the agency or group). Enter your policy number.

Print or type the address and telephone number of your insurance company.

**Falsification of this information will subject you to a jail term of up to 2 years, a fine of up to \$10,000 and suspension of the individual's driver's license for a period of up to one year.**