



State of Indiana  
**International Registration Plan**  
**Schedule G**

Legal Name	FEIN/SSN	IRP Account
Fleet	Staggered Month	

1. Have you ever registered this vehicle or any other vehicles in Indiana? Yes  No
2. If yes please attach a copy of the previous registration(s), list under what name they were registered and the last date of registration: \_\_\_\_\_
3. If you have not been IRP registered in Indiana, have you been IRP registered in any other state? Yes  No   
 (Please attach previous registrations)

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

\_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Date