Form INIRP-C
State Form 4950 (R2 / 2-11)

State of Indiana

International Registration Plan
TRANSACTION SCHEDULE C

SECTION 1

Please refer to the back for Line by Line Instructions.			7. Mailing Address Change:		13. Account Number:	15. License Year _____ Current _____ Upcoming
1. Legal Name:			8. County:	9. City:	14. Fleet Number:	
2. Business Address Change:		3. County	10. State:	11. Zip Code	16. Staggered Month:	
4. City:	5. State:	6. Zip Code:	12. Contact Name Change:		17. Phone Number Change:	18. TID:

SECTION 2

Indicate the appropriate weight in the jurisdiction for the vehicle(s) listed in Section 3.

AB	AK	AL	AR	AZ	BC	CA	CO	CT	DC	DE	FL	GA
IA	ID	IL	IN	KS	KY	LA	MA	MB	MD	ME	MI	MN
MO	MS	MT	MX	NB	NC	ND	NE	NF	NH	NJ	NM	NS
NT	NV	NY	OH	OK	ON	OR	PA	PE	QC	RI	SC	SD
SK	TN	TX	UT	VA	VT	WA	WI	WV	WY	YT		

SECTION 3

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
Unit	Year	Make	Vehicle Identification Number	Type	Axles or Seats	Motor Carrier U.S. DOT Number	Motor Carrier FEIN/SSN Responsible for Safety	Is Lease less than 30 days Yes/No	Fuel	Unladen Weight	Declared Gross Weight	Declared Combined Gross Weight	Purchase Price	Factory Price	Purchase Date	Owner

SECTION 4

1	2	3	4	5	6	7	8	9	10
Unit Number	Year	Vehicle Make	Vehicle Identification Number	Unladen Weight	Declared Gross Weight	Declared Combined Gross Weight	Owner	Apportioned License Plate Number	Replacement Unit Number

SECTION 5

To designate a Transaction Type, place an X in the appropriate box.

☐ Account Business Address Change	☐ Carrier Type Change	☐ Fleet Business Address Change	☐ Legal Name Change	☐ Others
☐ Account Mailing Address Change	☐ Contact Name Change	☐ Fleet Mailing Address Change	☐ Replacement License Plate	
☐ Additional Jurisdiction	☐ Contact Telephone Number Change	☐ Owner Name Change	☐ Vehicle Deletion	
☐ Additional Vehicle	☐ Vehicle Identification Correction	☐ License PlateTransfer	☐ Weight Increase	

Schedule C 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 IRP Unit will register the Registrant/Applicant in the same name as registered with the Indiana Secretary of State or Indiana Department of Revenue.)

Lines 2 through 6: TO BE COMPLETED FOR CHANGES ONLY. Enter the Business Address Change for an Account or Fleet. Be certain to designate the appropriate change in Section 5, Transactions Types.

Lines 7 through 11: TO BE COMPLETED FOR CHANGES ONLY. Enter the Mailing Address Change for an Account or Fleet. Be certain to designate the appropriate change in Section 5, Transactions Types.

Lines 12 and 17: TO BE COMPLETED FOR CHANGES ONLY. Enter the name of the new Contact Person and Contact Person Telephone Number. Be certain to designate the appropriate change in Section 5, Transaction Types.

Line 13: Enter the IRP Account Number.

Line 14: Enter the Fleet Number.

Line 15: Enter an X in the appropriate License Year for the Transaction Type. If both boxes are marked with an X, then the transaction will be processed for the current Registration Year and the next Registration Year.

Line 16: Enter the Staggered Month associated wilth your IRP account.

Line 17: Enter the telephone number change.

Line 18: 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.

SECTION 2

Indicate the appropriate weight in the jurisdiction for the vehicle(s) listed in Section 3. The weight must be the “Declared Combined Gross Weight” or the “Declared Gross Vehicle Weight” as shown in Section 3, Columns 10 and 11. California weight is shown at the “Unladen Weight” as shown in Section 3, Column 9.

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 Vehicle Type:

Vehicle Types: TK-Truck (single), TR-Tractor, TT-Truck Tractor, RT-Road Tractor, ST-Semi-Trailer, FT-Full Trailer, BS-Bus, WR-Wrecker, CG-Converter Gear. (Use only the abbreviation.) For a complete description and illustration, please refer to the IRP Manual.

Enter “5ST” for five-year Semi-Trailer plate or “PST” for Permanent Semi-Trailer plate.

Column 6: Enter the number of Axles, including axles used in a tandem group. If registering a Bus, indicate the rated Seat capacity.

Column 7: Enter the Motor Carrier US DOT 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:
D - Diesel, G - Gasoline, P - Propane, O-Other. (Use only the abbreviation).

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 the sales tax, including accessories or modifications attached to the vehicle.

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

Column 16: Enter the month, day and year 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.

SECTION 4

If the Transaction Type is an apportioned license plate transfer, the apportioned license plate will be transferred, in the order they are listed in Section 4, to the vehicles listed in Section 3.

Column 1: See Section 3, Column 1 instruction.

Column 2: See Section 3, Column 2 instruction.

Column 3: See Section 3, Column 3 instruction.

Column 4: See Section 3, Column 4 instruction.

Column 5: See Section 3, Column 11 instruction.

Column 6: See Section 3, Column 12 instruciton.

Column 7: See Section 3, Column 13 instructin.

Column 8: See Section 3, Column 17 instruction.

Column 9: Enter the apportioned license plate number that is to be transferred or returned to the IRP Unit.

Column 10: Enter the Unit Number of the vehicle replacing the deleted vehicle.

SECTION 5

Place an **X** in the box to designate the Transaction Type to be processed.