Texas Department of Motor Vehicles

# _____ (Reg. Year) Texas International Registration Plan Renewal Application Schedule B

Form MCD-355
(Rev. 11/11)
(Previously Known As VTR-355)


**Account Number:** _____ **Fleet Number:** _____

| Account Name | DBA | Contact Person Name | Account Expires |
|---|---|---|---|
| Physical Texas Address / County of Residence | Mailing Address | Phone No. ( ) / Secondary No. ( ) / Fax No. ( ) | Tax ID (FEIN or SSN) |
| City, State, ZIP / Region | City, State, Zip | E-mail | US DOT # / TX MCR # |

List distance traveled in each jurisdiction in which this fleet traveled for the period of **July 1, 2010, through June 30, 2011**. Check the jurisdictions which you want to appear on your cab card for this registration period.

**Ownership Type (check one):**
- ☐ Company
- ☐ Partnership
- ☐ Corporation
- ☐ Sole Owner

**Operation Type (check one):**
- ☐ For Hire
- ☐ Private Carrier
- ☐ Rental or Leasing Company
- ☐ Hazardous Materials Carrier *

* If the box indicating Hazardous Materials Carrier is checked, the undersigned is declaring knowledge of applicable provisions of any state motor carrier safety regulations or hazardous materials.

**Please indicate the distance code for each reported distance per jurisdiction as follows:**
**Codes: A** = Actual distance reported **1** = 1st year estimate **2** = 2nd year estimate **N** = non-prorated

| Jurisdiction | Distance | Code | Jurisdiction | Distance | Code | Jurisdiction | Distance | Code | Jurisdiction | Distance | Code |
|---|---|---|---|---|---|---|---|---|---|---|---|
| ● Alaska | | | ☐ Louisiana | | | ☐ Ohio | | | ☐ Alberta | | |
| ☐ Alabama | | | ☐ Massachusetts | | | ☐ Oklahoma | | | ☐ British Columbia | | |
| ☐ Arkansas | | | ☐ Maryland | | | ☐ Oregon | | | ☐ Manitoba | | |
| ☐ Arizona | | | ☐ Maine | | | ☐ Pennsylvania | | | ☐ New Brunswick | | |
| ☐ California | | | ☐ Michigan | | | ☐ Rhode Island | | | ☐ Newfoundland/Lab | | |
| ☐ Colorado | | | ☐ Minnesota | | | ☐ South Carolina | | | ☐ Nova Scotia | | |
| ☐ Connecticut | | | ☐ Missouri | | | ☐ South Dakota | | | ● NW Territory | | |
| ☐ Dist Of Columbia | | | ☐ Mississippi | | | ☐ Tennessee | | | ● Nunavut | | |
| ☐ Delaware | | | ☐ Montana | | | ☐ Texas | | | ☐ Ontario | | |
| ☐ Florida | | | ☐ North Carolina | | | ☐ Utah | | | ☐ Prince Edward Island | | |
| ☐ Georgia | | | ☐ North Dakota | | | ☐ Virginia | | | ☐ Quebec | | |
| ☐ Iowa | | | ☐ Nebraska | | | ☐ Vermont | | | ☐ Saskatchewan | | |
| ☐ Idaho | | | ☐ New Hampshire | | | ☐ Washington | | | ● Yukon | | |
| ☐ Illinois | | | ☐ New Jersey | | | ☐ Wisconsin | | | ● Mexico | | |
| ☐ Indiana | | | ☐ New Mexico | | | ☐ West Virginia | | | Total Actual plus 1st year estimated Fleet Distances | | |
| ☐ Kansas | | | ☐ Nevada | | | ☐ Wyoming | | | Total from above plus 2nd year estimated Fleet Distances | | |
| ☐ Kentucky | | | ☐ New York | | | | | | | | |

▶ Explain the justification (scope of operation) for any estimated distance reported or use the estimated distance chart:

▶ Actual distances traveled shown on this form include all Interstate and Intrastate mileage and also include all mileage operated under trip lease to another carrier.
▶ All vehicles are insured while operated upon the public roads as required by law. Proof of financial responsibility will be carried in each vehicle.
▶ Applicable highway use taxes have been paid on the _____ power units listed on the attached equipment list.
Knowingly providing false information on an application filed with the department subjects you to a third-degree felony under Transportation Code §502.410.

Contact/Help

Signature: _____ Title: _____ Date: _____

# INSTRUCTIONS FOR COMPLETING DISTANCE TRAVELED SCHEDULE

1. The distances traveled to be listed are those distances generated in all jurisdictions by the fleet during the period from **July 1, 2010 through June 30, 2011**.

2. List in the proper space, at the right of the jurisdiction, the distances operated by the fleet. Distances must be shown for each jurisdiction in which the fleet operates or plans to operate.

   If this fleet did not experience operation and is considered a new fleet or, if you expect to operate into jurisdictions that you have never had on your cab card, you must list distance traveled and label it as an **estimate** by placing a **#1** next to the name of the jurisdiction. Mark the box to the left of the jurisdiction. Do not estimate distances in non-prorated jurisdictions.

   If you did not have actual distances in a jurisdiction that you want to keep on your cab card, you must estimate the distance and place a **#2** next to the name of the jurisdiction.

   All distances listed that are **actual** distance operated during the mileage year of July 1, 2006 through June 30, 2007, **must be shown**. Place a letter **"A"** next to the jurisdictions in which you plan to continue operations and mark the box to the left of the jurisdiction.

3. If you operated and apportioned in a jurisdiction that you will no longer operate in, you are still required to list the distances. Label these distances traveled with a letter **"N"** next to the jurisdiction. **Do not** mark the box to the left of the jurisdiction. These distances traveled are not included in the total of actual distances or the total of actual distances plus estimated distances.

   If you should decide during this registration year to resume operations in one of these jurisdictions, the distances listed as letter **"N"** are required to be used and are changed to estimated distances.

   Percent factors for actual distance jurisdictions will be based on the total of actual distances plus 1st year estimated distances (#1). Percent factors for estimated jurisdictions will be based on the total of actual distances plus #2 estimated distances.

**EXAMPLE:**

| | STATE | | DISTANCE TRAVELED | |
|---|---|---|---|---|
| You had actual distances in Alabama. You want Alabama on your cab card. | ☒ ALABAMA | A | 4736 | |
| | • ALASKA | | | |
| | ☐ ALBERTA | | | |
| | ☐ ARIZONA | | | |
| You did not have actual distances in Arkansas. You want to keep them on your cab card. | ☒ ARKANSAS | 2 | 3584 | |
| | ☐ BRIT. COLUMBIA | | | |
| | ☐ CALIFORNIA | | | |
| | ☐ COLORADO | | | |
| You had actual distances in Connecticut, you do not want them on your cab card. Do not check the box. | ☐ CONNECTICUT | N | 75 | |
| | ☐ DELAWARE | | | |
| | ☐ DIST OF COLUMBIA | | | |
| | ☐ FLORIDA | | | |
| You did not have actual distances in Georgia. You did not have Georgia on your cab card previously and you want to add Georgia to your cab card. | ☒ GEORGIA | 1 | 1665 | |
| | ☐ IDAHO | | | |
| | ☐ ILLINOIS | | | |