Texas Department of Motor Vehicles

_____ (Reg. Year) Texas International Registration Plan Apportioned Application Schedule A

OFFICE USE ONLY
HVUT Verified:
Ins. Verified:

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

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

VEHICLE EQUIPMENT LIST

Unit #	Year	Make	Plate #	Axles	Total Axles	Unladen Wgt.	Type +	Fuel ++	Gross Wgt.	Purchase Price	Factory Price	Purchase Date

V.I.N.	*1 Colorado Trailer	Document #**	Seats
	☐ Yes ☐ No		

Owner Name	Replace Plate	*2 CRFS USDOT	*3 CRFS TAX ID	*4 Y/N	*5 Special
	☐ Yes			☐ Yes ☐ No	

Unit #	Year	Make	Plate #	Axles	Total Axles	Unladen Wgt.	Type +	Fuel ++	Gross Wgt.	Purchase Price	Factory Price	Purchase Date

V.I.N.	*1 Colorado Trailer	Document #**	Seats
	☐ Yes ☐ No		

Owner Name	Replace Plate	*2 CRFS USDOT	*3 CRFS TAX ID	*4 Y/N	*5 Special
	☐ Yes			☐ Yes ☐ No	

Unit #	Year	Make	Plate #	Axles	Total Axles	Unladen Wgt.	Type +	Fuel ++	Gross Wgt.	Purchase Price	Factory Price	Purchase Date

V.I.N.	*1 Colorado Trailer	Document #**	Seats
	☐ Yes ☐ No		

Owner Name	Replace Plate	*2 CRFS USDOT	*3 CRFS TAX ID	*4 Y/N	*5 Special
	☐ Yes			☐ Yes ☐ No	

+Type = ***BS*** (bus), ***TK*** (truck only), ***TT*** (truck tractor). **++ Fuel = Diesel**, **Gas**, **Propane**.

***1 - Colorado Trailer:** If unit is Type TK (truck) with travel in Colorado, indicate either "yes" or "no" if the truck pulls a trailer in Colorado.

***2 - CRFS USDOT:** Enter USDOT # for the Carrier Responsible for the Safety (CRFS) fitness of the vehicle.

***3 - CRFS TAX ID:** Enter Tax ID # for the CRFS.

***4 - Y/N:** Indicate if the CRFS of the vehicle is expected to change during this registration year.

***5 - Special Use:** Indicate non-standard uses (i.e., **carnival**, **dump truck**, **farm truck**, **logging**, **wrecker**, **pump/drill/crane**, **household goods**, **less than 10K miles**)

**** If Document # is not shown - Carrier must furnish proof of Texas title in order to register vehicle.**

TOTAL UNITS ADDED _____ **TOTAL UNITS DELETED** _____

Unit #	Year	Make	Plate #	V.I.N.	Gross Wgt.	Date Removed From Fleet	Reason Credentials Surrendered

Texas Department of Motor Vehicles

_____ Texas International Registration Plan Apportioned Application - Schedule B

(Reg. Year)

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

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

List distance traveled in each jurisdiction in which this fleet traveled for the period of **July 1, 2012, through June 30, 2013**. Mark the jurisdictions which you want to appear on your cab card for this registration period.

Operation Type (check one):

- ☐ For Hire
- ☐ Private Carrier
- ☐ Household Goods Carrier
- ☐ Rental Trailer
- ☐ Hazardous Materials Carrier *

Ownership Type (check one):

- ☐ Company
- ☐ Partnership
- ☐ Corporation
- ☐ Sole Owner

* 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 (including trip permitted distance):

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 Islnd		
☐ 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 includes all Interstate and Intrastate mileage and also includes 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.

For help completing this form, contact your local Regional Service Center or call 1-888-368-4689, option 3,2.

Knowingly providing false information on an application filed with the department subjects you to a third-degree felony under State Law.

Signature: _____ Title: _____ Date: _____