



# DC IRP APPLICATION

	<b>FOR THE REGISTRATION YEAR:</b> _____ <b>To</b> _____		
<b>Section A</b>	ACCOUNT NUMBER	FLEET NUMBER	SUPPLEMENT NUMBER
	NAME OF REGISTRANT (First, Middle, Last)		DBA (if any)
	TYPE OF APPLICATION		
	<input type="checkbox"/> Original <input type="checkbox"/> Supplemental <input type="checkbox"/> Renewal		
<b>Section B</b>	<b>IRP Registrants are Subject to the Suspension or Loss of Driving Privileges if their Vehicle is Operated Without Required Insurance.</b>		
	<ul style="list-style-type: none"> <li>District of Columbia law requires owners of currently registered motor vehicles to maintain continuous insurance coverage and the law prohibits any person from operating, or permitting others to operate an uninsured motor vehicle.</li> <li>PROOF OF FINANCIAL RESPONSIBILITY IS REQUIRED: 1.) Whenever a police officer asks for proof of insurance. 2.) Whenever there is a motor vehicle accident involving ones carrier. 3.) Whenever the DMV requests insurance information</li> <li>ANY DRIVER WHO FAILS OR REFUSES TO SHOW PROOF OF CURRENT INSURANCE may be required to surrender his or her license tag. If a suspension is recorded, the vehicle owner will be required to pay a \$98 reinstatement fee, \$150.00 will be assessed for each vehicle having been operated without the required insurance for a period of 1 to 30 days, increasing to \$7 for each day thereafter. The maximum fine for having an uninsured vehicle is \$2,500.</li> <li>A VEHICLE OWNER AND ANY DRIVER WHO VIOLATES A SUSPENSION ORDER may be subject to enforcement and other penalties as appropriate under the law. Law enforcement officials are authorized to immobilize vehicles that are not in compliance, and to take ones license tag.</li> <li>IN THE EVENT OF AN ACCIDENT WHERE THERE IS PERSONAL INJURY OR WHERE PROPERTY DAMAGE EXCEEDS \$200, an IRP registrant must file an official police report.</li> <li>If an IRP PARTICIPANT IS INVOLVED IN AN ACCIDENT WITHOUT PROOF OF CURRENT INSURANCE, he/she may be subject to a Judgment Suspension for a period up to 12 years. WARNING: An IRP participant is not relieved of his/her responsibility to provide proof of insurance on a vehicle, even when the operator of another vehicle is liable for an accident and that person does not have insurance.</li> <li>FINANCIAL RESPONSIBILITY/PROOF OF INSURANCE MAY BE DOCUMENTED IN THE FOLLOWING MANNER: By presenting an insurance policy showing liability insurance of at least \$25,000 bodily injury per person, \$50,000 bodily injury for two or more persons; and a minimum of \$10,000 liability for property damage. The owner/operator may present an insurance identification card with the same coverage, or a DMV Certificate of Self Insurance (only available to companies or individuals who register a minimum of 26 vehicles).</li> </ul>		
	<b><u>IRP VEHICLE OWNERS MUST PRESENT A DMV INSPECTION CERTIFICATE</u></b>		
	I affirm that I, as the owner (or lessee of a leased vehicle), have current insurance for each vehicle(s) listed on this application. I certify that I will not operate, or permit others to operate such vehicle(s) without insurance. I further certify that all registration fees have been paid as assessed, and that tag information provided to this office is correct.		
	_____	_____	
	Signature of Owner	Date	

<b>Section C</b>	Account Number		Fleet Number		Supplement Number		Federal ID No./Social Security Number	
	<b>TYPE OF TRANSACTION (CHECK ONE CATEGORY ONLY)</b>							
	<input type="checkbox"/> ADD VEHICLE	<input type="checkbox"/> WEIGHT INCREASE	<input type="checkbox"/> TAG TRANSFER	<input type="checkbox"/> CORRECT INFORMATION	<input type="checkbox"/> ADD STATE	<input type="checkbox"/> FLEET TO FLEET TRANSFER		
	<b>REPLACEMENT CREDENTIAL</b>							
	<input type="checkbox"/> CABCARD ONLY		<input type="checkbox"/> TAG AND STICKER		<input type="checkbox"/> STICKER ONLY		<input type="checkbox"/> TAGS ONLY	
	<b>DO NOT SEND PAYMENT WITH YOUR APPLICATION. YOU WILL BE INVOICED FOR LICENSING FEES DUE.</b>							
	NAME OF REGISTRANT (First, Middle, Last)							
	DBA (if any)							
	DC BUSINESS LOCATION (DO NOT USE POST OFFICE BOX NUMBERS)							
CITY		STATE DC			ZIP CODE			
NAME OF CONTACT PERSON								
DC CONTACT PHONE NUMBER								
Area Code: (    )				Fax with Area Code: (    )				
Are you an Owner Operator leased onto a motor carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No. (If yes, you must provide a photocopy of your lease agreement)								
<b>TYPE OF OPERATION (Check One Type Only)</b>								
<input type="checkbox"/> PRIVATE CARRIER (PC) COMPANY (RC)		<input type="checkbox"/> HAUL FOR HIRE (HH)			<input type="checkbox"/> RENTAL			
<input type="checkbox"/> HOUSEHOLD GOODS MOVER (HC) BOX)				<input type="checkbox"/> EXEMPT COMMODITIES (EX) (CHECK ONE IN NEXT				
<input type="checkbox"/> LIVESTOCK		<input type="checkbox"/> GRAIN	<input type="checkbox"/> ORE	<input type="checkbox"/> LOGS	<input type="checkbox"/> SAND, ROCK, OR GRAVEL			
<input type="checkbox"/> OTHER: _____								
<input type="checkbox"/> Check this box if this carrier has intrastate Authority in Wyoming				Other Contact Phone No: (    ) _____				
<b>REGULATORY INFORMATION</b>								
PUCO NO.		ICC NO.						
DC MOTOR FUEL NO.								
<b>CANADIAN PROVINCIAL OPERATING AUTHORITY NUMBERS</b>								
AB		BC						
MB		NB						
NF		NS						
NT		ON						
PE		PQ						
SK		YT						

**Section  
D**

**WEIGHT INFORMATION**

UNITS LISTED ON THIS APPLICATION WILL BE AUTHORIZED TO OPERATE IN THE IRP JURISDICTIONS AND THE WEIGHTS LISTED BELOW.

AL	Alabama	AK	Alaska	AR	Arkansas	AZ	Arizona
CA	California	CO	Colorado	CT	Connecticut	DC	Dis. of Col.
DE	Delaware	FL	Florida	GA	Georgia	IA	Iowa
ID	Idaho	IL	Illinois	IN	Indiana	KS	Kansas
KY	Kentucky	LA	Louisiana	MA	Massachusetts	MD	Maryland
ME	Maine	MI	Michigan	MN	Minnesota	MO	Missouri
MS	Mississippi	MT	Montana	NC	North Carolina	ND	North Dakota
NE	Nebraska	NH	New Hampshire	NJ	New Jersey	NM	New Mexico
NV	Nevada	NY	New York	OH	Ohio	OK	Oklahoma
OR	Oregon	PA	Pennsylvania	RI	Rhode Island	SC	South Carolina
SD	South Dakota	TN	Tennessee	TX	Texas	UT	Utah
VA	Virginia	VT	Vermont	WA	Washington	WI	Wisconsin
WV	West Virginia	WY	Wyoming	AB	Alberta	BC	British Columbia
MB	Manitoba	NB	New Brunswick	NF	Newfoundland	NS	Nova Scotia
NT	Northwest Terr.	ON	Ontario	PE	Prince Edward Is.	PQ	Quebec
SK	Saskatchewan	YT	Yukon	MX	Mexico		







**Section  
G**

**MILEAGE SCHEDULE**

Place an "X" in the square in front of the jurisdiction if you desire Apportionment.  
 List Actual Mileage for Jurisdiction traveled by this fleet during the period of July 1 through June 30 of the year preceding the license year for which you are applying.  
 Give estimated mileage for jurisdictions that you desire apportionment to but have no actual mileage. Refer to the estimated mileage chart for acceptable minimums in each jurisdiction.  
 Do not show Actual and Estimated miles for the same jurisdiction.  
 A carrier statement of proposed estimated mileage is required with all original applications, and any renewal or supplemental applications containing questionable estimated mileage. The Department of Motor Vehicles may adjust estimated mileage determined to be below the acceptable minimums as shown on the estimated mileage chart.

(X)	STATE	EST. MILES	ACTUAL MILES	(X)	STATE	EST. MILES	ACTUAL MILES	(X)	STATE	EST. MILES	ACTUAL MILES
	AL Alabama				MI Michigan				TX Texas		
	AK Alaska				MN Minnesota				UT Utah		
	AR Arkansas				MO Missouri				VA Virginia		
	AZ Arizona				MS Mississippi				VT Vermont		
	CA California				MT Montana				WA Washington		
	CO Colorado				NC North Carolina				WI Wisconsin		
	CT Connecticut				ND North Dakota				WV West Virginia		
X	DC Dist. of Col.				NE Nebraska				WY Wyoming		
	DE Delaware				NH New Hampshire				AB Alberta		
	FL Florida				NJ New Jersey				BC British Columbia		
	GA Georgia				NW New Mexico				MB Manitoba		
	IA Iowa				NV Nevada				NB New Brunswick		
	ID Idaho				NY New York				NF Newfoundland		
	IL Illinois				OH Ohio				NS Nova Scotia		
	In Indiana				OK Oklahoma				NT Northwest Terr.		
	KS Kansas				OR Oregon				ON Ontario		
	KY Kentucky				PA Pennsylvania				PE Prince Edward Is.		
	LA Louisiana				RI Rhode Island				PQ Quebec		
	MA Massachusetts				SC South Carolina				SK Saskatchewan		
	MD Maryland				SD South Dakota				YT Yukon		
	ME Maine				TN Tennessee				MX Mexico		

PLEASE PRINT OR TYPE CLEARLY

TOTAL MILEAGE:

**OFFICIAL DMV IRP PROCESSING CENTER USE ONLY**

Date Application Received:	Reviewed by:	Date:	INVOICE VERIFIED BY:
			Cab Card(S) Verified by :
	Input by:	Date:	Date Cab Card (s) Mailed
	Number of Reg. Months:		