



District of Columbia - IRP Application



ACCOUNT #	FLEET #	SUPP #	Exp Date	<i>Leave all shaded areas blank Please Type or Print With Ink</i>	TYPE OF APPLICATION	TYPE OF OPERATION
NAME OF REGISTRANT				DC IRP PROCESSING CENTER 95 M Street SW Washington, DC 20024 PHONE 202-729-7083 FAX 202-729-7174	<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Add Fleet <input type="checkbox"/> Add Jurisdiction <input type="checkbox"/> Add Vehicle <input type="checkbox"/> Plate Transfer <input type="checkbox"/> Weight Increase <input type="checkbox"/> Change Information <input type="checkbox"/> Fleet to Fleet Transfer	<input type="checkbox"/> Private Carrier(PC) <input type="checkbox"/> Rental Company(RC) <input type="checkbox"/> Haul for Hire(HH) <input type="checkbox"/> Household Goods Mover(HC) <input type="checkbox"/> Exempt Commodities (EX) Type_____
DBA(if any)						
DC BUSINESS LOCATION (DO NOT USE PO BOX)						
Washington	District of Columbia	ZIP CODE		FEIN		
MAILING ADDRESS				SSN		
CITY	STATE	ZIP CODE		US DOT #	From	To
CONTACT PERSON		CONTACT PHONE		MCS 150 DATE	REPLACEMENT CREDENTIALS	
TELEPHONE #		FAX #		IFTA #	<input type="checkbox"/> CAB CARD <input type="checkbox"/> PLATE <input type="checkbox"/> STICKER <input type="checkbox"/> PLATE/STICKER	REASON
E-mail address				MC #		<input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> OPTIONAL
<input type="checkbox"/> Check this box if this carrier has intrastate Authority in Wyoming						

IRP Registrants are Subject to the Suspension or Loss of Driving Privileges if their Vehicle is Operated Without Required Insurance
 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.

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

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.

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.

IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE: In addition to all the penalties listed above you may have • A SECURITY SUSPENSION for TWO YEARS or more and • A JUDGMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).

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.

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.**

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).

IRP VEHICLE OWNERS MUST PRESENT A DMV INSPECTION CERTIFICATE

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 _____

Title _____

Date _____

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All fields are required except for shaded areas required. Application will be returned if information is missing.

V e h i c l e	CO	Unit #	Weight Group	Vehicle Identification #	Year	Make of Vehicle	Vehicle Type	Axles (Bus: Seats)	Com-bined Axles	Fuel Type	Unladen Weight	Combined or Gross Weight (*)	Purchase Price	Factory Price	Veh. Inspection	Form 2290
	Y/N															
		Date of Purchase	Date of Lease	Name of Owner (as it appears on vehicle Title)	Bus: HP	Company US DOT #	Company TIN #	Plate # Transferred							Power of Attorney	Lease Agreement
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!																
	<u>Vehicle Deletion</u>	Unit #	Vehicle Identification #	Year	Make of Vehicle	Combined or Gross Weight	Reason Removed	Plate # Transferred								

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F O O T N O T E	<p align="center">* In accordance with DC Code § 50-1501.02(c) (2), anyone registering a vehicle in the District of Columbia is required to pay all taxes, including the heavy vehicle use tax where applicable. DCMR Title 18 § 412.1(o), specifically requires registrants to pay the heavy vehicle use tax before they can register heavy weight vehicles with a taxable gross weight of 55,000 pounds or more.</p>															

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DISTANCE AND WEIGHT SCHEDULE

Distance - List actual distance accrued in each jurisdiction in which this fleet traveled during the period July 1 through June 30 of the year preceding the license year for which you are applying.

Weight - Units listed on this application will be authorized to operate in the IRP jurisdictions and at the weights listed below. You must provide a letter of explanation if there is a 10% weight variance.

WEIGHT AND DISTANCE INFORMATION BY JURISDICTION

Jurisdiction	Distance	Weight	Jurisdiction	Distance	Weight	Jurisdiction	Distance	Weight
DC District of Columbia			MI Michigan			TX Texas		
AL Alabama			MN Minnesota			UT Utah		
AK Alaska			MO Missouri			VA Virginia		
AR Arkansas			MS Mississippi			VT Vermont		
AZ Arizona			MT Montana			WA Washington		
CA California			NC North Carolina			WI Wisconsin		
CO Colorado			ND North Dakota			WV West Virginia		
CT Connecticut			NE Nebraska			WY Wyoming		
DE Delaware			NH New Hampshire			AB Alberta		
FL Florida			NJ New Jersey			BC British Columbia		
GA Georgia			NM New Mexico			MB Manitoba		
IA Iowa			NV Nevada			NB New Brunswick		
ID Idaho			NY New York			NL 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			QC Quebec		
MA Massachusetts			SC South Carolina			SK Saskatchewan		
MD Maryland			SD South Dakota			YT Yukon		
ME Maine			TN Tennessee			MX Mexico		

OFFICIAL DMV IRP PROCESSING CENTER USE ONLY

Date	Date	Date	Date	Date	Date
Application Received	Application Reviewed	Application Keyed	Invoice Reviewed	Cab Cards Verified	Cab Cards Mailed