

INTERNATIONAL REGISTRATION PLAN (IRP) CUSTOMER APPLICATION CHECKLIST (For applications listed below)

ACCOUNT INFORMATION

IMPORTANT: Renewal applications **MUST** be sent directly to Headquarters Bonded Web Users. Every requirement (unless optional) listed on the reverse, and every fee listed for each application type must be fulfilled before operating credentials can be issued.

REGISTRANT'S BUSINESS NAME _____

LICENSE YEAR	IRP ACCOUNT NUMBER	SUPPLEMENT NUMBER
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FEE TABLE

SECTION NUMBER	TYPE OF APPLICATION	APPLICATION FEES	NUMBER OF ITEMS	TOTAL COST PER LINE
1	New Carrier or New Fleet	Estimate per Section 1 on reverse		\$
2	Vehicle addition	Estimate per Section 2 on reverse		\$
4	Vehicle deletion/addition	\$ 2 per vehicle for each replacement weight fee credit		\$
5	Weight increase	Estimate of fees per Section 5 on reverse		\$
6	Replacement plates	\$ 19 per vehicle		\$
6	Replacement cab card	\$ 19 per cab card		\$
6	Replacement sticker only	\$ 19 per sticker		\$
1, 2, 6	New Carrier or New Fleet and vehicle addition	\$ 1 for reflectorized plates		\$
1, 2, 5, 6	New Carrier or New Fleet, vehicle addition, declared weight change, and replacement credential	\$ 3 per set of weight decals/or stickers		\$
1, 2, 3, 4, 5, 6, 7	New Carrier or New Fleet and supplement	\$ 2 per application Administrative Service Fee		\$
1, 2, 4, 5, 6, 7	New Carrier or New Fleet and supplement	\$ 2 per stickers, plates or cab card issued		\$

ESTIMATED TOTAL FEES DUE	\$
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DECLARATION AND SIGNATURE

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED NAME OF REGISTRANT OR REGISTRANT'S AUTHORIZED EMPLOYEE/AGENT	OCCUPATIONAL LICENSE NUMBER (FOR REGISTRATION AGENTS ONLY)	OCCUPATIONAL LICENSE EXPIRATION DATE
SIGNATURE OF REGISTRANT OR REGISTRANT'S AUTHORIZED REPRESENTATIVE X		DATE

FOR DMV USE ONLY

OFFICE DATE LINE STAMP	CREDENTIALS TAKEN UP <input type="checkbox"/> Plates <input type="checkbox"/> Cab Cards <input type="checkbox"/> Sticker(s)	<input type="checkbox"/> MC 2126 I issued _____ EXPIRATION DATE <input type="checkbox"/> No MC 2126 I issued
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CHECK THE BOX(ES) TO INDICATE WHICH DOCUMENTS AND/OR FEES ARE BEING SUBMITTED

SECTION 1: NEW CARRIER OR NEW FLEET

REQUIRED:

Fees: Check appropriate box to indicate method used:

- Full 100% California fees, including county fees, **OR**
- *CA Apportioned Fees + Other Jurisdiction Fees (see requirement below), **OR**
- \$250 per vehicle per month, **OR**
- \$300 per vehicle per month (only if purchase price is \$200,000 or more).
- Schedule A/B, Carrier Information, MC 2117 I.
- Schedule C, Vehicle Data, MC 2118 I.
- FHVUT Proof of payment or exemption.
- Agreement to prepare and maintain records, MC 522 I.

- Three documents that show business physical address (see Chapter 4 of the IRP handbook).
- VIN Verification, unless exempt (see Chapter 4 of the IRP Handbook).
- IFTA Number or "Applied For" on Schedule A/B.
- USDOT Number on Schedule A/B.
- MCSA-1 Information updated with FMCSA.
- Taxpayer ID number (FEIN or SSN) on Schedule A/B.

WHEN APPLICABLE:

- Commercial Driver License number on Schedule A/B for owner/operators.
- Copy of Lease Agreement, (Owner-Operator).
- Registration Service Agent Authorization.

SECTION 2: VEHICLE ADDITION SUPPLEMENT

REQUIRED:

Fees: Check appropriate box to indicate method used:

- Full 100% California fees, including county fees, **OR**
- *CA Apportioned Fees + Other Jurisdiction Fees (see requirement below), **OR**
- \$250 per vehicle per month, **OR**
- \$300 per vehicle per month (only if purchase price is \$200,000 or more).

- Schedule C, Vehicle Data, MC 2118 I.
- FHVUT Proof of Payment or Exemption.
- VIN Verification, unless exempt (see Chapter 4 of the IRP Handbook).
- MCSA-1 Information updated with FMCSA.
- USDOT Number (person responsible for the safe operation of each vehicle).

WHEN APPLICABLE:

- Copy of Lease Agreement (Owner-Operators).

SECTION 3: VEHICLE DELETION SUPPLEMENT

REQUIRED:

- Schedule C, Vehicle Data, MC 2118 I.

- Deleted vehicle plates and cab card or statement of disposition.

SECTION 4: VEHICLE DELETION/ADDITION SUPPLEMENT

REQUIRED:

- All requirements under Sections 2 and 3 above.

REQUIRED: When applying for replacement weight fee credit:

- Fees: \$2 per weight fee credit per vehicle.

SECTION 5: WEIGHT CHANGE SUPPLEMENT

REQUIRED:

- Fee for weight difference due as described in Chapter 7 of the IRP Handbook, **AND**

- \$10 per vehicle per jurisdiction.
- Schedule C, Vehicle Data, MC 2118 I.
- FHVUT Proof of payment or exemption.

SECTION 6: REPLACEMENT CREDENTIAL SUPPLEMENT

- TYPE** Plates Cab Card Stickers Weight Decal/Sticker

REQUIRED:

- Fees: As listed under respective replacement credential on fee table on reverse.
- Schedule C, Vehicle Data, MC 2118 I.

WHEN APPLICABLE:

- Surrender remaining plates or statement of disposition.
- Surrender cab card or statement of disposition.
- Weight decal/sticker or statement of disposition.

SECTION 7: NAME OR ADDRESS CHANGE SUPPLEMENT

REQUIRED for CHANGE OF REGISTRANT'S NAME:

- Fees: \$2 per application Administrative Service Fee and \$2 per fleet vehicle cab card fee.
- Schedule A/B, Carrier Information, MC 2117 I.
- Statement of Facts, MC 256M I.

REQUIRED for FLEET ADDRESS CHANGE/CORRECTION:

- Fees: \$2 per application Administrative Service Fee and \$2 per fleet vehicle cab card fee.
- Schedule A/B, Carrier Information, MC 2117 I.
- Submission of basing documents as described in Chapter 4 of the IRP Handbook.

***IMPORTANT:** A copy of a billing from the registrant or Registration Service Agent's system software that was utilized to calculate fees due for CA and other jurisdiction(s) must be submitted with the application before a temporary registration authorization will be issued.

PLEASE NOTE: Once a billing statement has been issued, subsequent operating temporary registration authorization or annual cab card will not be issued until the balance due is **PAID IN FULL**. The IRP Handbook is available on DMV's Web site at www.dmv.ca.gov. The IRP Operations telephone number is (916) 657-7971 and the fax number is (916) 657-6628.