



New York State Department of Motor Vehicles  
INTERNATIONAL REGISTRATION PLAN  
**SCHEDULE A & C**

**PART 1**

**TYPE OF APPLICATION REQUESTED**

<input type="checkbox"/> NEW ACCOUNT	<input type="checkbox"/> ADD JURISDICTIONS	<input type="checkbox"/> DUPLICATE CAB CARD	<input type="checkbox"/> ADDRESS CHANGE
<input type="checkbox"/> ADD VEHICLE	<input type="checkbox"/> WEIGHT INCREASE	<input type="checkbox"/> REPLACEMENT PLATES	<input type="checkbox"/> TEMPORARY AUTHORITY
<input type="checkbox"/> DELETE VEHICLE	<input type="checkbox"/> WEIGHT DECREASE	<input type="checkbox"/> REPLACEMENT STICKER	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> TRANSFER PLATES	<input type="checkbox"/> RENEWAL	<input type="checkbox"/> FLEET TO FLEET	

**CARRIER INFORMATION**

**DMV USE ONLY**

SUPP#: \_\_\_\_\_

1. ACCOUNT # \_\_\_\_\_ 2. FLEET # \_\_\_\_\_

3. CARRIER NAME: \_\_\_\_\_

4. DBA: \_\_\_\_\_

5. BUSINESS ADDRESS: \_\_\_\_\_  
*(No P.O. Box Number Allowed)*

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

6. CONTACT PERSON: \_\_\_\_\_ 7. PHONE # ( ) \_\_\_\_\_

8. TAXPAYER IDENTIFICATION # (TIN): \_\_\_\_\_  FEIN  SSN 9. FAX # ( ) \_\_\_\_\_

10. DATE OF BIRTH: \_\_\_\_\_ 11.  Male  Female

12. PRIVACY ACT: Check the **INFORMATION DISCLOSURE** box at the end of this sentence if you do not want your personal information from this record used for surveys, marketing and solicitations.

13. WY AUTHORITY#: \_\_\_\_\_

14. CARRIER US DOT#: \_\_\_\_\_

Have you previously been registered in any jurisdictions?  Yes  No, If yes, jurisdiction \_\_\_\_\_

Do you lease your vehicle and driver to a motor carrier?  Yes  No

**DMV USE ONLY**

SP COND: AT, PA, SS, XR

**FLEET INFORMATION**

15. FLEET TYPE: \_\_\_\_\_ 16. COMMODITY CLASS: \_\_\_\_\_ 17. # OF REG MONTHS: \_\_\_\_\_

18. EFFECTIVE DATE: \_\_\_\_\_ 19. EXPIRATION DATE: \_\_\_\_\_

20. MAILING ADDRESS: \_\_\_\_\_  
*(No P.O. Box Number Allowed)*

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_ COUNTY: \_\_\_\_\_

**PART 2**

**FLEET TO FLEET TRANSFER INFORMATION**

(21)	(22)	(23)	(24)
FLEET VEHICLE UNIT # (OEN)	VEHICLE IDENTIFICATION NUMBER	FROM FLEET #	TO FLEET #

**DELETIONS\***

(25)	(26)	(27)	(28)
FLEET VEHICLE UNIT # (OEN)	VEHICLE IDENTIFICATION NUMBER	LICENSE PLATE NUMBER	REPLACEMENT FLEET VEHICLE UNIT # (OEN)

\* (Send in plates for deletion)

**PART 3****WEIGHT INFORMATION**

Account # \_\_\_\_\_

**DMV  
USE ONLY WT GRP #** \_\_\_\_\_

29. Please list the weight you want on your cab card for the jurisdictions you intend to travel through. Canadian jurisdictions will print the weight in kilograms on the cab card.

AK _____	KS _____	NJ _____	VT _____
AL _____	KY _____	NM _____	WA _____
AR _____	LA _____	NV _____	WI _____
AZ _____	MA _____	NY _____	WV _____
CA _____	MD _____	OH _____	WY _____
CO _____	ME _____	OK _____	AB _____ (Canada)
CT _____	MI _____	OR _____	BC _____ (Canada)
DC _____	MN _____	PA _____	MB _____ (Canada)
DE _____	MO _____	RI _____	NB _____ (Canada)
FL _____	MS _____	SC _____	NL _____ (Canada)
GA _____	MT _____	SD _____	NS _____ (Canada)
IA _____	NC _____	TN _____	ON _____ (Canada)
ID _____	ND _____	TX _____	PE _____ (Canada)
IL _____	NE _____	UT _____	QC _____ (Canada)
IN _____	NH _____	VA _____	SK _____ (Canada)

**PART 4****VEHICLE INFORMATION FOR NEW ACCOUNTS OR ADDITIONS**30. **VEHICLE #1:**

<b>A)</b> VEHICLE IDENTIFICATION NUMBER	<b>B)</b> YEAR	<b>C)</b> MAKE	<b>D)</b> VEHICLE TYPE	<b>E)</b> FUEL/CYL	<b>F)</b> WHEELBASE
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<b>G)</b> UNLADEN WT	<b>H)</b> SEATS /AXLES	<b>I)</b> COMBINED AXLES	<b>J)</b> COLOR	<b>K)</b> OWNER NAME	<b>L)</b> TITLE DOC #	<b>M)</b> TITLE DOC. JUR.	<b>N)</b> SAFETY TAXPAYER ID # (TIN) <input type="checkbox"/> FEIN <input type="checkbox"/> SSN
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<b>O)</b> SAFETY US DOT #	<b>P)</b> Vehicle Safety responsibility will change during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Q)</b> SAFETY NAME	<b>R)</b> FLEET VEHICLE # (OEN)	<b>S)</b> MAXIMUM DESIRED WEIGHT
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<b>T)</b> PURCHASE PRICE	<b>U)</b> PURCHASE DATE	<b>V)</b> FACTORY PRICE	<b>W)</b> INS. CO. CODE	<b>X)</b> CURRENT PLATE #	<b>Y)</b> CURRENT PLATE CLASS	<b>Z)</b> SPECIAL USE
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<b>REGISTRATION AUTHORIZATION</b>	IF THE REGISTRANT IS NOT THE OWNER, fill in the information below. Proof of ownership, and proof of the OWNER'S name and date of birth, are required.		
Vehicle #1 - Owner's Name		Date of Birth	Is the vehicle leased? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address	Apt. No.	City	State Zip Code
The person named in number 3 of Part 1 is authorized to register this vehicle in his/her name.		If signing for a corporation, print your full name and title here	
Owner's Authorized Signature _____		Date: _____	

**CERTIFICATION:** I, the undersigned, state that the information I have given on this application is true to the best of my knowledge. I certify that the vehicle is fully equipped as required by the Vehicle and Traffic Law and has passed the required New York State inspection within the past 12 months, or has qualified for a time extension (*Form VS-1077*) and will be inspected within ten days. I also certify that appropriate insurance coverage (financial security) is in effect, and that the vehicle will be operated in accordance with the Vehicle and Traffic Law. I declare knowledge of Federal and State Motor Vehicle Carrier Safety Regulations and, if applicable, Hazardous Materials Regulations. If a junked vehicle, it has been repaired and now meets all requirements of Sections 375 and 376 of the Vehicle and Traffic Law. If replacement registration items are being applied for, I certify that the registration is not currently under suspension or revocation.

**IMPORTANT:** Making a false statement in any registration application or in any proof or statements in connection with it, or deceiving or substituting in connection with this application, is a misdemeanor under Section 392 of the Vehicle and Traffic Law, and may also result in the revocation or suspension of your registration according to regulations established by the Commissioner.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title (Signing for a corporation)(President, Vice-President, Secretary, Treasurer or Comptroller. Anyone else signing for a Corporation must send in an original Power of Attorney) Date

