

**INTERNATIONAL REGISTRATION PLAN
SUPPLEMENTAL APPLICATION (SCHEDULE C)**

North Dakota Department of Transportation, Motor Vehicle
SFN 2479 (3-2019)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE SUITE 103
BISMARCK ND 58505-0791
Telephone (701) 328-1287
Fax (701) 328-3500
Website: <https://dot.nd.gov>

US DOT Number

FEIN/TIN

IRP Account Number

Fleet Number

License Year

Jurisdictional Use

Carrier Name		
DBA Name		
Business Street Address		
City	State	Zip Code
Mailing Address		
City	State	Zip Code
<input type="checkbox"/> Address Change?		

Contact Person

Name		
Telephone Number	Fax Number	E-Mail

I declare, with my signature on my registration application, that I am knowledgeable of the the Federal or State Motor Carrier and Hazardous Materials Safety Regulations.

The undersigned, under oath, swears under penalty of perjury that the information furnished in this application and the attached schedules are true and correct and certifies that these vehicles will be insured as required by law (NDCC 39-08-20).
This Application must be signed and dated or it will be returned.

Signature of Applicant	Date / /
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ADDITIONS

All Columns Must be Completed by Carrier

IRP Account Number

1	2	3	4	5	6	7*	8	9	10	11
ND TITLE NUMBER	LICENSE PLATE NUMBER	UNIT NUMBER	Y E A R	MAKE	VEHICLE IDENTIFICATION NUMBER	T Y P E	A X L E S	B S U E S	** F U E L	EMPTY WEIGHT

Fleet Number

***TYPE** (Column Number 7)

TT - TRUCK TRACTOR
 TR - TRACTOR
 TK - TRUCK (SINGLE)
 RT - ROAD TRACTOR
 BS - BUS

12	13	14	15	Carrier Responsible for Safety		
				16	17	18
NAME OF OWNER (as listed on title)	DATE OF PURCHASE	ORIGINAL PRICE	LATEST PRICE	USDOT# Vehicle Level	FEIN/TIN Vehicle Level	*** Safety Resp Change Y/N

****FUEL** (Column Number 10)

D - DIESEL
 G - GASOLINE
 P - PROPANE

******* (Column Number 18)

Is the carrier responsible
 for safety expected to
 change during the year?

DELETIONS

1	2	3	4	5	6	7
LICENSE PLATE NUMBER	DELETED UNIT NUMBER	Y E A R	MAKE	VEHICLE IDENTIFICATION NUMBER	WEIGHT	REASON REMOVED

LIST COMBINED GROSS WEIGHT ON PAGE 3 FOR APPORTIONED JURISDICTIONS.

GROSS WEIGHT SCHEDULE

The schedule must be completed and should indicate the combined gross weight in pounds for every jurisdiction. Vehicles must be listed in the same unit order as on page 2.

	ND	AK	AL	AR	AZ	CA	CO	CT	DC	DE	FL	GA	IA

	ID	IL	IN	KS	KY	LA	MA	MD	ME	MI	MN	MO	MS

	MT	NC	NE	NH	NJ	NM	NV	NY	OH	OK	OR	PA	RI

	SC	SD	TN	TX	UT	VA	VT	WA	WI	WV	WY	AB	BC

	MB	NB	NL	NS	NT	ON	PE	QC*	SK	YT	MX

*QC - Requires the number of axles (2-6) for the combination of vehicles (tractor-truck-trailer)