(Rev. 08/07)	ision of Motor Vehicles	
1. IRP ACCOUNT NUMBER; (new account	•	
FLEET NUMBER: (new fleet numbers are system generated unless otherwise indicated)  ACCOUNT NAME (indicate full name(s) for the above indicated account)  (First Registrant)		
(Second Registrant)	OFFICE USE	
(Relationship Name)	SUPPLEMENT NUMBER:	
2. REGISTRATION PERIOD EFFECTIVE DATE:	EXPIRATION DATE:	
3. FLEET PHYSICAL ADDRESS must be street or road in NC) PO BOX IS NOT VALID		
City:	State: NC Zip: County:	
City:	State: Zip:	
FLEET CONTACT PERSON:		
Phone: Ext: Alternate Phone	e: Fax:	
INTERNET ADDRESS:		
4. FLEET TYPE (check only one block to indicate the type of operation for all the vehicles in this fleet)  PRIVATE (PVT) Hauls property belonging only to this Account Holder  COMMON CARRIER (COM) Hauls federally regulated property/passengers under FHWA/MC Number  CONTRACT CARRIER (CON) Hauls federally regulated commodities under FHWA/MC Number  FOR HIRE EXEMPT (FHE) Hauls property interstate which are exempt from federal regulation (Form E required)  FOR HIRE LEASED (FHL) Hauls property interstate operating under another carrier's authority FHWA/MC Number*  Rents vehicles to others for transportation of property (Form E required)		
FOR HIRE RENTAL (FHR) Rents vehicles to others for transportation of property (Form E required)  * When the vehicle is loaded, do you carry the full liability? NO- If not in NC: enter Base State of authority holder (copy of Lease Agree. and Ins ID required)  YES- I am using my own Insurance (Form E & copy of Lease Agree. required)		
ALLOCATED FLEETS  ONE-WAY RENTAL  Minimum Number of Vehic  POOL FLEET TRAILERS  Minimum Number of Trail  REQUIREMENTS: ONE-WAY RENTAL FLEET USE FORM IRPTA-	cles: GVWR (NC WT): ers GVWR (Greater than 6,000 pounds)	
ALL COMMODITIES  (A) All Kinds of C LOGS (L) Logs (used with the composition of C EXEMPT (E) Interstate Exert HOUSEHOLD GOODS (H) Household Go	of property transported by all the vhicles in this fleet) ommodities/Goods (used with fleet types PVT, COM, CON, or FHL) th fleet types PVT or FHE) mpt Commodities (used with fleet types FHE or FHR) nods Mover (used with fleet type COM) ted with fleet type COM)	

6. INSURANCE CERTIFICATION  I certify that I have Financial Responsibility as required by law for the motorvehicles operating in this fleet.	OFFICE USE
Insurance Co Name:	INS CO CODE
Insurance Policy Number:	
SIGNATURE: MUST BE SIGNED IN INK BY ACCOUNT HOLDER OR AUTHORIZED REPRESENTATIVE OF FIRM ORBUSINESS D	ATE: