

North Carolina Division of Motor Vehicles
APPORTIONED ACCOUNT APPLICATION

NEW ACCOUNT FORMS: IRP-A, IRP-F, IRP-MI, IRP-W, AND IRP-E

TYPE OR PRINT (blue or black ink)

1. FIRST REGISTRANT TYPE (check one) For Hire Leased Registrant only Motor Carrier US DOT #: _____

TYPE (check one) I (individual) or B (business)

REGISTRANT ID: _____ RELATIONSHIP: * _____ SSN: _____ FEIN: _____

Individual Name (First, Middle, Last, Suffix /Sr, Jr, I,II,etc.) _____

Business name _____

ACCOUNT PHYSICAL ADDRESS (must be street or road in NC) PO BOX IS NOT VALID _____

City: _____ State: NC Zip: _____ County: _____

ACCOUNT MAILING ADDRESS (if different from physical address) PO BOX IS VALID _____

City: _____ State: _____ Zip: _____

ACCOUNT CONTACT PERSON: _____

Phone: _____ Ext: _____ Alternate Phone: _____ Fax: _____

2. SECOND REGISTRANT

TYPE (check one) I (individual) or B (business)

REGISTRANT ID: _____ RELATIONSHIP: * _____ SSN: _____ FEIN: _____

Individual Name (First, Middle, Last, Suffix /Sr, Jr, I,II,etc.) _____

Business name _____

3. ** RELATIONSHIP NAME (Complete only if a relationship is indicated in Section 1 and / or 2)

TYPE (check one) I (individual) or B (business)

REGISTRANT ID: _____ SSN: _____ FEIN: _____

Individual Name (First, Middle, Last, Suffix /Sr, Jr, I,II,etc.) _____

Business name _____

4. DISCLOSURE SECTION (Privacy)

In 1997, the North Carolina Legislature passed a bill, which allows citizens to protect the personal information contained in the records of the Division of Motor Vehicles. Failure to check the block below will allow the Division of Motor Vehicles to release your name and address for marketing and solmcitation after July 1, 1999.

I (We) would like the personal information contained in this application NOT TO BE RELEASED.

SIGNATURE: _____ DATE: ____/____/____

MUST BE SIGNED IN INK BY ACCOUNT HOLDER OR AUTHORIZED REPRESENTATIVE OF FIRM OR BUSINESS

* A RELATIONSHIP MAY EXIST FOR THE FIRST OR SECOND REGISTRANT OR BOTH
IF A RELATIONSHIP EXISTS FOR THE FIRST and SECOND REGISTRANTS, IT MUST BE THE SAME.

DBA: Doing business as DIV: A Division of TRU: Trustee GUA: Guardian CUS: Custodian LIF: For life then JTW: Joint wright of survivorship

**ENTER THE FULL NAME OF THE RELATIONSHIP IN SECTION 3.

OFFICE USE

ACCOUNT NUMBER: _____

North Carolina Division of Motor Vehicles
APPORTIONED WEIGHT GROUP SCHEDULE

1 IRP ACCOUNT NUMBER: _____ (new account numbers are system generated; for existing accounts, enter account number)
 FLEET NUMBER: _____ (new fleet numbers are system generated unless otherwise indicated)

OFFICE USE

SUPPLEMENT NUMBER: _____ (system generated)

2. REGISTRATION PERIOD EFFECTIVE DATE: _____ EXPIRATION DATE: _____

3. WEIGHT DECLARATION NORTH CAROLINA WEIGHT: _____

FIXED WEIGHT: Do you carry the same weight in ALL your apportioned jurisdictions AS IN NORTH CAROLINA?

YES (It is NOT necessary to write the weights in each jurisdiction.)

NO (It is necessary to write what you want in EACH jurisdiction.)

ALL WEIGHTS MUST BE WITHIN 10% OF THE NORTH CAROLINA WEIGHT (EXCEPTION: Passenger/Bus Fleets)

OFFICE USE
WT GRP NUMBER

(system generated)

| JUR | WEIGHT | JUR | WEIGHT | JUR | WEIGHT | JUR | WEIGHT | JUR | WEIGHT |
|-----|--------|-----|--------|-----|--------|-----|--------|-----|--------|
| AK | | GA | | ME | | NM | | TN | |
| AL | | IA | | MI | | NV | | TX | |
| AR | | ID | | MN | | NY | | UT | |
| AZ | | IL | | MO | | OH | | VA | |
| CA | | IN | | MS | | OK | | VT | |
| CO | | KS | | MT | | OR | | WA | |
| CT | | KY | | ND | | PA | | WI | |
| DC | | LA | | NE | | RI | | WV | |
| DE | | MA | | NH | | SC | | WY | |
| FL | | MD | | NJ | | SD | | | |

NON-US JURISDICTIONS

| | | | | | | | | | |
|----|--|----|--|----|--|----|--|----|--|
| AB | | NB | | NT | | QC | | MX | |
| BC | | NL | | ON | | SK | | | |
| MB | | NS | | PE | | YT | | | |

4. EQUIPMENT (UNIT) NUMBERS (8 character maximum). Up to 100 vehicles may be added on this schedule. Use additional schedules for more than 100 units. List equipment/unit number for the vehicles operating with the WEIGHTS (weight group) declared on this schedule.

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5. HOW MANY VEHICLES WILL BE PROCESSED FOR THIS WEIGHT GROUP (this supplement) _____

6. SIGNATURE: _____ DATE: ____/____/____

MUST BE SIGNED IN INK BY ACCOUNT HOLDER OR AUTHORIZED REPRESENTATIVE OF FIRM OR BUSINESS

TYPE OR PRINT (blue or black ink)

APPORTIONED FLEET APPLICATION

NEW FLEET FORMS: IRP-F, IRP-M(2 pages), IRP-W, AND IRP-E

1. IRP ACCOUNT NUMBER: _____ (new account numbers are system generated; for existing accounts, enter account number)

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)

(Relationship Name)

OFFICE USE

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: _____
FLEET MAILING ADDRESS (if different from physical address) PO BOX IS VALID

City: _____ State: _____ Zip: _____

FLEET CONTACT PERSON: _____

Phone: _____ Ext: _____ Alternate Phone: _____ 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* _____
- 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 Vehicles: _____ GVWR (NC WT): _____
- POOL FLEET TRAILERS Minimum Number of Trailers: _____ GVWR (Greater than 6,000 pounds)

REQUIREMENTS: ONE-WAY RENTAL FLEET USE FORM IRPTA-21 POOL FLEET TRAILER FLEE USE FORM IRPTA-19

5. COMMODITY CLASS (check only one block to indicate the type of property transported by all the vchiles in this fleet)

- ALL COMMODITIES (A) All Kinds of Commodities/Goods (used with fleet types PVT, COM, CON, or FHL)
- LOGS (L) Logs (used with fleet types PVT or FHE)
- EXEMPT (E) Interstate Exempt Commodities (used with fleet types FHE or FHR)
- HOUSEHOLD GOODS (H) Household Goods Mover (used with fleet type COM)
- PASSENGER BUS (P) Passengers (used 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.

Insurance Co Name: _____

Insurance Policy Number: _____

SIGNATURE: _____ DATE: ____/____/____

MUST BE SIGNED IN INK BY ACCOUNT HOLDER OR AUTHORIZED REPRESENTATIVE OF FIRM OR BUSINESS

OFFICE USE

INS CO CODE _____