

TYPE OR PRINT (blue or black ink)

APPORTIONED MILEAGE APPLICATION

1. IRP ACCOUNT NUMBER: _____ FLEET NUMBER: _____

OFFICE USE
 SUPPLEMENT NUMBER: _____

2. REGISTRATION PERIOD: EFFECTIVE DATE _____ EXPIRATION DATE _____

3. MILEAGE REPORTING YEAR: JULY 01, _____ THROUGH JUNE 30, _____

4. JURISDICTION MILEAGE (continued on page 2)

- LIST ACTUAL MILES in the ACTUAL MILES column for each state traveled by all vehicles in this fleet during the mileage-reporting period.
- COMPUTE AVERAGE VEHICLE DISTANCE YES NO USE AVERAGE VEHICLE DISTANCE if First Renewal or No Actual mileage traveled during mileage reporting period.

		OFFICE USE	ACTUAL MILES	AVERAGE VEHICLE DISTANCE MILES			OFFICE USE	ACTUAL MILES	AVERAGE VEHICLE DISTANCE MILES
AK	ALASKA				LA	LOUISIANA			
AL	ALABAMA				MA	MASSACHUSETTS			
AR	ARKANSAS				MD	MARYLAND			
AZ	ARIZONA				ME	MAINE			
CA	CALIFORNIA				MI	MICHIGAN			
CO	COLORADO				MN	MINNESOTA			
CT	CONNECTICUT				MO	MISSOURI			
DC	DIST OF COLUMBIA				MS	MISSISSIPPI			
DE	DELAWARE				MT	MONTANA			
FL	FLORIDA				NC	NORTH CAROLINA			
GA	GEORGIA				ND	NORTH DAKOTA			
IA	IOWA				NE	NEBRASKA			
ID	IDAHO				NH	NEW HAMPSHIRE			
IL	ILLINOIS				NJ	NEW JERSEY			
IN	INDIANA				NM	NEW MEXICO			
KS	KANSAS				NV	NEVADA			
KY	KENTUCKY				NY	NEW YORK			

THIS IS A TWO-PART FORM. PLEASE CONTINUE TO THE NEXT PAGE.

North Carolina Division of Motor Vehicles

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OFFICE USE
SUPPLEMENT NUMBER: _____

1. IRP ACCOUNT NUMBER: _____ FLEET NUMBER: _____
2. REGISTRATION PERIOD: EFFECTIVE DATE _____ EXPIRATION DATE _____

3. MILEAGE REPORTING YEAR: JULY 01, _____ THROUGH JUNE 30, _____

4. JURISDICTION MILEAGE (continued from page 1)

	OFFICE USE	ACTUAL MILES	AVERAGE VEHICLE DISTANCE MILES	OFFICE USE	ACTUAL MILES	AVERAGE VEHICLE DISTANCE MILES
OH	OHIO			AB	ALBERTA	
OK	OKLAHOMA			BC	BRITISH COLUMBIA	
OR	OREGON			MB	MANITOBA	
PA	PENNSYLVANIA			NB	NEW BRUNSWICK	
RI	RHODE ISLAND			NL	NEWFOUNDLAND	
SC	SOUTH CAROLINA			NS	NOVA SCOTIA	
SD	SOUTH DAKOTA			NT	NORTHWEST TERR	
TN	TENNESSEE			ON	ONTARIO	
TX	TEXAS			PE	PRINCE EDWARD IS	
UT	UTAH			QC	QUEBEC	
VA	VIRGINIA			SK	SASKATCHEWAN	
VT	VERMONT			YT	YUKON TERRITORY	
WA	WASHINGTON					
WI	WISCONSIN					
WV	WEST VIRGINIA					
WY	WYOMING			MX	MEXICO	

MILEAGE TOTALS ACTUAL: _____ AVERAGE VEHICLE DISTANCE: _____ GRAND TOTAL: _____

5. MILEAGE CERTIFICATION: I CERTIFY THE MILEAGE ON THIS SCHEDULE REPRESENTS THE ACTUAL MILES FOR THE VEHICLES OPERATING IN THIS FLEET. I AM DECLARING THE AVERAGE VEHICLE DISTANCE MILEAGE FORMULA.

SIGNATURE: _____ DATE: ____/____/____
MUST BE SIGNED IN INK BY ACCOUNT HOLDER OR AUTHORIZED REPRESENTATIVE OF FIRM OR BUSINESS

North Carolina Division of Motor Vehicles

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APPORTIONED SUPPLEMENT APPLICATION

1. IRP ACCOUNT NUMBER: **00000** FLEET NUMBER: **000**
ACCOUNT NAME (indicate the 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. SUPPLEMENT INFORMATION (Place an **X** by the type(s) of Supplement(s) you are filing, and complete the necessary forms)
THESE SUPPLEMENT TYPES CAN BE COMBINED WITHIN A SINGLE SUPPLEMENT (same vehicle cannot be involved)
TYPE OF SUPPLEMENT IRP FORM(S) REQUIRED TITLE/REGISTRATION FORM(S) REQUIRED

- DUPLICATE CAB CARD IRP-S & IRP-E NONE
- AMEND EQUIPMENT* (correct vehicle information) IRP-S, IRP-W, & IRP-E TITLE DOCS, MVR-330(s), MVR-32(s), etc (if applicable)
- STARS ** (replacement plate transaction--IRP vehicles only) (replacement sticker transaction--IRP vehicles only) IRP-S & IRP-E MVR-18 (for each plate)

THESE SUPPLEMENT TYPES CANNOT BE COMBINED WITHIN A SINGLE SUPPLEMENT.
TYPE OF SUPPLEMENT IRP FORM(S) REQUIRED TITLE/REGISTRATION FORM(S) REQUIRED

- ADD EQUIPMENT (Issue, Transfer, Exchange or Exchange/Transfer) IRP-S, IRP-W, & IRP-E (surrender cab card on transfer(s)) TITLE DOCS, MVR-330(s), MVR-32(s), etc (if applicable)
- WEIGHT GROUP CHANGE IRP-S, IRP-W (surrender cab cards(s)) NONE
- CHANGE INSURANCE IRP-S (for PVT) IRPS & Form E (for FHE, FHL, FHR) IRP-S & BMC-91 (for COM, CON, FHL)
- TURN-IN PLATE(S) IRP-S & IRP-E (surrender cab card(s)) FS20 (receipt for surrendered plate will be generated by the system)
- ADD JURISDICTION(S) IRP-S, IRP-M2 (pages 1&2), & IRP-W NONE
- CHANGE ACCOUNT NAME IRP-S, IRP-A, & IRP-E (must be changed for each fleet) TITLE DOCS, MVR330(s), MVR-32(s), etc (if applicable)
- CHANGE FLT TYPE/COMM CLASS IRP-S & IRP-F NONE
- CHANGE NAME WITH FLEET CHANGES IRP-S, IRP-A, IRP-F & IRP-E (must be changed for each fleet) TITLE DOCS, MVR330(s), MVR-32(s), etc (if applicable)
- FLEET TO FLEET (Transfer Vehicle & Plate) IRP-S, IRP-W, & IRP-E TITLE DOCS, MVR-330(s), MVR-32(s), etc (if applicable)

4. INSURANCE: IS THIS A CHANGE OF INSURANCE COMPANY OR POLICY NUMBER? YES NO
INSURANCE CERTIFICATION: I certify that I have Financial Responsibility as required by law for the motor vehicles 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
Insurance Co Code _____

* AMEND EQUIPMENT SUPPLEMENTS involve corrections to any vehicle information captured in IRP or on Title Documents. EXAMPLES: Year, Make, Body Style, VIN, Fuel Type, Titled Owner, Branded Title Code, Tax County/Situs, Equipment Number, Purchase Price, Purchase Date, Factory Price, Unladen Weight, Axles, Seats, Colorado Indicator, or Weight Group Number. Double Transfers & Title Corrections for IRP vehicles should be processed in AMEND EQUIPMENT supplement.

** STARS SUPPLEMENTS Replacement Plate is the only plate transaction performed with the STARS supplement. Three types of Title transactions may be processed in the STARS Supplement. THESE ARE: Duplicate Title, Lien Recording, and Duplicate Title with Lien Recording

IRP-E
(Rev. 02/06)
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North Carolina Division of Motor Vehicles

APPORTIONED EQUIPMENT APPLICATION

PAGE OF

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

SUPP NUMBER: _____
 REGISTRATION YEAR _____
 EFFECTIVE: _____
 EXPIRATION: _____

US DOT# _____

2. BODY STYLE (choose 1 (one) body style per page) You may process up to 10 vehicles of the same BODY STYLE on this page. Use additional IRP-E forms for more than 10.
 TR (Tractor & Truck-Tractor) TOTAL NUMBER TR: _____ (ALL PAGES) TK (Truck) TOTAL NUMBER TK: _____ (ALL PAGES)
 BU (Bus) TOTAL NUMBER BU: _____ (ALL PAGES) TL (Trailer: semi & full) TOTAL NUMBER TL: _____ (ALL PAGES)

3. PLATE ACTIONS (Use these codes in column 1 of Section 4 to indicate the type of plate action for each vehicle)
 T (Transfer Plate) R (Replace Plate) RT (Replace & Transfer Plate) E (Exchange Plate) ET (Exchange & Transfer Plate) I (Issue Plate)
 DT (Double Transfer) DC (Duplicate Cab Card) AE (Amend Equipment) RS (Replace Sticker)

4. EQUIPMENT LIST (List vehicles for the body style indicated in Section 2.) Do NOT mix body styles on a page

1	2	3	4	5	6*	7	8	9	10*	11*	12*	13	14		
Plate Trans	Plate Number	Title Number	Vehicle Identification Number	Equipment Number	Fleet to Fleet	Purchase Date	Purchase Price	Office Use Group Number	Unladen Weight	AX L S	SE A T S	Co Ins Yes No	** Y/N	US DOT#	TIN

*CODES KEY

9. FLEET TO FLEET
 Indicate the OLD/FROM fleet number when moving vehicle & plate from one fleet to another fleet.

10. AXLES
 TR, TK, & TL body styles. Indicate NUMBER OF AXLES on the vehicle including steering axle.

11. SEATS
 Applies to BU (Bus) body style. Indicate the NUMBER OF SEATS including the driver's seat.

12. COLORADO INDICATOR
 YES OR NO
 Does this vehicle travel over 10,000 miles nationally?

13. US DOT#
 Number of the person responsible for the safe operation of the vehicle

14. TIN (Taxpayer ID#)
 Either the SSN (Social Security#) or FEIN (Employer ID#) used when applying for the USDOT# listed in 13.

** Will the control and responsibility for the safety of this vehicle be assigned to a different carrier during the registration year by lease.

5. SIGNATURE: _____ DATE: _____

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