STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

INSTRUCTIONS FOR COMPLETING SCHEDULE A/B (FRONT OF FORM)

Type of Application: Mark the box indicating the type of application. The front of the form is required to be submitted for the following types of applications: Carrier information (demographics) corrections, renewal applications when no preprinted renewal application is received from DMV, or New Carrier or Fleet. The back of the form, mileage report, is required for all new/original, renewal, or add jurisdiction applications.

IRP Account #: When applying for a New Carrier or Fleet IRP account, enter "New". When applying for any other type of activity, enter the previously assigned account number.

Fleet #: Optional, for customer reference only.

Effective Date of IRP Operation: Enter the date (month/day/year) that interstate operation of the vehicle(s) began or the date that new jurisdictions of travel are needed or weight changes occur. This date should match the effective date entered on Schedule C. Penalties may be due for original application or vehicle additions when fees are paid more than 20 days after the effective date or for renewals submitted with fees after their expiration date.

Application Year(s): If you add a vehicle to your fleet 60 days prior to your fleet expiration date, you must mark the box labeled "Current and Subsequent Year" and deposit IRP fees for both years. Two separate Schedule B mileage reports must be submitted with the application and each must be clearly marked to indicate the license year of the mileage report.

Registrant Name/Legal Name: Enter the legal name of the business or owner/operator.

DBA (if applicable): Enter "doing business as" name.

Business Address: Enter the physical business address where the registrant has an established place of business, maintains operational records of the fleet, and accrues mileage. This must be a physical address located in California and may not be the address of a licensed registration service agent.

City/State/Zip: Enter City, State and Zip Code of the business address.

Mailing Address: Enter mailing address (physical or post office box) where correspondence and credentials are to be mailed. This may be the address of a licensed registration service agent.

City/State/Zip: Enter the City, State, and Zip Code of the mailing address.

Registrant Authorized Employee Name: Enter the name of the owner/operator or employee authorized to act on behalf of the registrant. The employee cannot be a registration service agent or his/her employee.

Daytime Telephone #: Enter the daytime telephone number of the owner/operator or employee contact person.

Fax #: (Optional) Enter the FAX number for the owner/operator or authorized employee.

Email Address: (Optional) Enter the Email address for the owner/operator or authorized employee.

Registration Service Agent Business Name: If the registrant will be represented by a DMV licensed registration service agent, enter the agent's business name.

Registration Service Agent Business Address: Enter the registration service agent's business address.

City/State/Zip: Enter the City, State and Zip Code of the registration service agent's business address.

Registration Service Agent Contact Person(s): Enter the name of the contact person for the registration service agent.

Registration Service Agent Mailing Address: Enter the registration service agent's mailing or post office box address.

City/State/Zip: Enter the City, State and Zip Code of the registration service agent's mailing address.

Registration Service Agent Telephone #: Enter the telephone number of the registration service agent.

Registration Service Agent FAX #: (Optional) Enter the FAX number for the registration service agent.

DMV Occupational License Number and Expiration Date: Enter the registration service agent's DMV Occupational License (OL) Number and expiration date.

Email Address: (Optional) Enter the registration service agent's email address.

IFTA #: Enter the International Fuel Tax Agreement (IFTA) number if the IRP registrant files fuel taxes.

CA Motor Carrier Permit (CA#): (Optional) Enter the California Motor Carrier Permit Number issued by DMV if you also operate in intrastate commerce.

Instructions continued on the back of this form.

FMCSA MC or MX Number: Motor carriers operating "for hire" must be issued a registration certificate from the Federal Motor Carrier Safety Administration (formerly FHWA/ICC). Enter your federal motor carrier number when applicable.

Registrant Only: You are considered 'Registrant Only' if you 1) own and license your commercial trucks for the sole purpose of renting or leasing them to motor carriers or 2) are an owner operator who leases your trucks to a motor carrier for 30 days or more.

USDOT (Carrier) #: Enter the carrier's US Department of Transportation (USDOT) number.

Taxpayer ID (FEIN or SSN) #: Enter the registrant's taxpayer identification number (FEIN, SSN, or RFC).

USDOT (Vehicle) #: Enter the US Department of Transportation (USDOT) number of the motor carrier responsible for vehicle safety.

Taxpayer ID (FEIN or SSN) #: Enter the registrant's taxpayer identification number (FEIN, SSN, or RFC).

Commercial Driver License #: Enter the state that issued the Commercial Driver License and the License number of the owner/operator.

California PUC-T #: Enter the California Public Utility Commission number for bus, limo, or taxi only.

Printed Name: Enter the printed name of person certifying application.

Signature and date: Signature of the person responsible for the safe operation of the vehicle and the date signed.

Signature (Declaration): The registrant must sign under penalty of perjury. Enter registrants title and the date signed.

Type of Operations: Mark all boxes that pertain to your business under PVT – Private Carrier or A – All.

Complete for New Carrier or Fleet IRP Applications Only: All applicants for New Carrier or Fleet IRP Account must answer the three questions shown in this portion of the form. 1) Mark this box YES if your fleet and/or vehicles have history of prior IRP registration in another jurisdiction within the past 24 months. 2) Mark this box YES if your fleet and/or vehicles have any history of prior California IRP registration. If YES, provide the previous California IRP account number. 3) Mark this box YES if the vehicles being registered on the application have operated in interstate commerce under alternative permit registration within the past 24 months.

Registration Service Agent Authorization: Enter the License year. The Registrant and authorized Registration Service Agent (if applicable) must sign and date the application.

INSTRUCTIONS FOR COMPLETING SCHEDULE A/B MILEAGE REPORT (BACK OF FORM)

IMPORTANT: REVIEW THE REQUIREMENTS FOR REPORTING MILEAGE IN CHAPTER 3, "FLEET DISTANCE AND OPERATIONAL WEIGHT REQUIREMENTS" OF THE CALIFORNIA IRP CUSTOMER HANDBOOK BEFORE COMPLETING THIS MILEAGE SCHEDULE. Visit our website at **www.dmv.ca.gov** to view the California IRP Handbook.

Type of Application: Mark the box to indicate the type of application being submitted.

IRP Account Number: When applying as New Carrier or Fleet IRP account, enter "New". When applying for any other type of activity, enter the previously assigned account number.

Fleet Number: Enter Fleet number.

IRP License Year: Enter from date and to date.

Registrant Name: Enter the registrant's name as reported on the Schedule A portion of the application.

Jurisdiction: You must mark the box in front of each jurisdiction where you want to qualify your fleet for IRP operation/registration. If a jurisdiction box is marked, actual mileage must be entered in the related mileage box by the customer or registration service agent.

Mileage: Actual miles must be entered by the customer or registration service agent for all jurisdictions where distance was accrued. If distance was not accrued in the distance reporting period then the jurisdiction will apply its average vehicle distance table to apportion registration fees.

Total Actual Miles: Enter total actual miles reported for all jurisdictions.

STATE OF CALIFORNIA
DEPARTMENT OF MOTOR VEHICLES
A Public Service Agency

CALIFORNIA IRP CARRIER DATA-SCHEDULE A/B

TYPE OF APPLICATION: ☐ Carrier Information Correction(s) ☐ Add Jurisdiction

☐ Renewal: Use this form only if no renewal notice was received from DMV. Complete all fields of information. Schedule C form must also be submitted.

☐ New Carrier ☐ New Fleet: Complete all fields of information except IRP Account Number to be assigned by DMV. Schedule C must be attached.

IRP ACCOUNT #	FLEET #	ENTER EFFECTIVE DATE OF IRP REGISTRATION	APPLICATION YEAR (S) ☐ CURRENT YEAR ONLY *OR* ☑ CURRENT AND SUBSEQUENT YEAR
		_____/_____/_____	

REGISTRANT NAME/LEGAL NAME	DBA (IF APPLICABLE)

BUSINESS ADDRESS (MUST BE A CA PHYSICAL LOCATION):	CITY/STATE/ZIP CODE

MAILING ADDRESS	CITY/STATE/ZIP CODE

REGISTRANT AUTHORIZED EMPLOYEE NAME	DAYTIME TELEPHONE #	FAX #	E-MAIL ADDRESS
	( )	( )	

REGISTRATION SERVICE AGENT BUSINESS NAME	REGISTRATION SERVICE AGENT BUSINESS ADDRESS	CITY/STATE/ZIP CODE
SAT KARTAR BOOKKEEPING	12668 S HIGHLAND AVE	SELMA CA 93662

REGISTRATION SERVICE AGENT CONTACT PERSON(S)	REGISTRATION SERVICE AGENT MAILING ADDRESS	CITY/STATE/ZIP CODE
SARBJEET KAUR	P O BOX 1050	SELMA CA 93662

REGISTRATION SERVICE AGENT TELEPHONE #	REGISTRATION SERVICE AGENT FAX #	DMV OCCUPATIONAL LICENSE # / EXPIRATION DATE	E-MAIL ADDRESS
(559) 896-6064	(800) 459-7106	54658 / 12/31/2017	1satkartar@sbcglobal.net

GOVERNMENT AUTHORITY NUMBERS

IFTA # _____

CA Motor Carrier Permit (CA #) _____

FMCSA MC or MX # _____

Registrant Only: Yes ____ No ____

*US DOT (Carrier) # _____

*Taxpayer ID (FEIN or SSN or RFC)# _____

*US DOT (Vehicle) # _____

*Taxpayer ID (FEIN or SSN or RFC)# _____

Commercial Driver License # State ____ # _____

California PUC-T # _____

USDOT Number

*Pursuant to section 8100 of the California Vehicle Code, applications for apportioned registration must contain both the US DOT and a Taxpayer Identification Number (TIN) for the safe operation of each vehicle being registered.

I _____ certify that I am familiar with the State and Federal Motor Safety Laws and Regulations and/or the Federal Hazardous Materials Regulations.

X _____ _____

Signature Date

Declaration: I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing information entered on both sides of this form is true and correct.

X _____ _____ _____

Signature Title Date

TYPE OF OPERATIONS

("X" all that are applicable)

____ COM – Common Carrier
____ CON – Contract Carrier
____ FHE – For Hire Exempt
____ FHR – For Hire Rental
____ FOR – For Hire
____ PVT – Private Carrier

____ A – ALL
____ E – Exempt
____ H – Household Goods
____ L – Logs
____ P - Passengers

TO BE COMPLETED FOR ORIGINAL IRP APPLICATIONS ONLY:

1) Does this fleet and/or vehicles have any history of prior IRP registration in another jurisdiction within the past 24 months?
☐ Yes ☐ No
If yes indicate state _____ and year _____

2) Does this fleet and/or vehicles have any history of prior California IRP registration? ☐ Yes ☐ No
If yes show CA IRP acct # _____ Registrant name: _____

3) Have the vehicles registered in this application been operated in interstate commerce under alternative permit registration within the past 24 months?
☐ Yes ☐ No
If yes indicate states of travel: _____

Registration Service Agent Authorization: The undersigned duly appoints the Registration Service Agent to represent me for all DMV purposes relating to the IRP registration of my fleet/vehicles for the 2016-2017 license year.

X _____ _____

Signature of Registrant Date

The undersigned authorized service agent declares, under penalty of perjury, that the information contained on this and all attached IRP documents is true and correct according to information personally known by or provided to me.

X _____ _____

Signature of Authorized Registration Service Agent Date

CALIFORNIA IRP CARRIER DATA - SCHEDULE A/B

TYPE OF APPLICATION: ☐ New Carrier ☐ New Fleet ☐ Renewal ☐ Add Jurisdiction ☐ Amended by Request of DMV

IRP ACCOUNT #	FLEET #	IRP LICENSE YEAR	REGISTRANT NAME
		Month _____ Year _____ **TO** Month _____ Year _____	

INSTRUCTIONS:
The registrant must declare if the fleet vehicles being registered accrued ANY actual distance for the period July 1 through June 30 immediately prior to the year of registration and must certify that it is aware of its obligation under IRP to maintain appropriate and sufficient records for at least seven years.

☐ We declare that we have accrued distance from July 1, _____ through June 30, _____ and have provided those miles in the table below.

☐ We declare that we have not accrued distance from July 1, _____ through June 30, _____ and are leaving the table below blank. The jurisdiction will apply its average vehicle distance table to apportion the registration fees.

Jurisdiction			Mileage	Jurisdiction			Mileage	Jurisdiction			Mileage
☐	AL	Alabama (I)		☐	MO	Missouri (I)		☐	VT	Vermont (I)	
☐	AR	Arkansas (I)		☐	MS	Mississippi (I)		☐	WA	Washington (I)	
☐	AZ	Arizona (I)		☐	MT	Montana (I)		☐	WI	Wisconsin (I)	
☐	CA	California (I)		☐	NC	North Carolina (I)		☐	WV	West Virginia (I)	
☐	CO	Colorado (I)		☐	ND	North Dakota (I)		☐	WY	Wyoming	
☐	CT	Connecticut (I)		☐	NE	Nebraska (I)		☐	AB	Alberta (I)	
☐	DC	Dist. Columbia (I)		☐	NH	New Hampshire (I)		☐	BC	Brit. Columbia (I)	
☐	DE	Delaware (I)		☐	NJ	New Jersey (I)		☐	MB	Manitoba (I)	
☐	FL	Florida (I)		☐	NM	New Mexico (I)		☐	NB	New Brunswick (I)	
☐	GA	Georgia (I)		☐	NV	Nevada (I)		☐	NL	Newfoundland	
☐	IA	Iowa (I)		☐	NY	New York (I)		☐	NS	Nova Scotia (I)	
☐	ID	Idaho (I)		☐	OH	Ohio (I)		☐	ON	Ontario (I)	
☐	IL	Illinois (I)		☐	OK	Oklahoma (I)		☐	PE	Prince Ed. Is. (I)	
☐	IN	Indiana (I)		☐	OR	Oregon (I)		☐	QC	Quebec (I)	
☐	KS	Kansas (I)		☐	PA	Pennsylvania (I)		☐	SK	Saskatchewan (I)	
☐	KY	Kentucky (I)		☐	RI	Rhode Island (I)					
☐	LA	Louisiana (I)		☐	SC	S. Carolina (I)					
☐	MA	Massachusetts (I)		☐	SD	S. Dakota (I)					
☐	MD	Maryland (I)		☐	TN	Tennessee (I)					
☐	ME	Maine (I)		☐	TX	Texas (I)					
☐	MI	Michigan (I)		☐	UT	Utah (I)					
☐	MN	Minnesota (I)		☐	VA	Virginia (I)				**Total Actual Miles**	0

The undersigned or designee, certify under penalty of perjury, that the information contained on this and all attached IRP documents are true and correct.

SIGNATURE	DATE
X	

Go to Page 1 | Print | Clear Form