



(Reg. Year)

Texas International Registration Plan Apportioned Application Schedule A

OFFICE USE ONLY
HVUT Verified:
Ins. Verified:

Account Number _____ Fleet Number _____ Supplement _____

Account Name		DBA		Contact Person		Account Expiration			
Physical Texas Address		County of Residence		Mailing Address		Phone No.	Fax No.	Tax ID (FEIN or SSN)	
City, State and Zip Code		Region		City, State and Zip Code		Email Address	Secondary Phone No.	US DOT #	TX MCR#

VEHICLE INFORMATION LIST

Unit #	Year	Make	Plate #	Axles	Total Axles	Unladen Wgt	Type +	Fuel ++	Gross Wgt.	Purchase Price	Factory Price	Purchase Date
VIN						*1 Colorado Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No		Document #**				Seats
Owner Name						Replace Plate <input type="checkbox"/> Yes		*2 CRFS USDOT	*3 CRFS TAX ID	*4 Y/N <input type="checkbox"/> Yes <input type="checkbox"/> No		* Special
VIN						*1 Colorado Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No		Document #**				Seats
Owner Name						Replace Plate <input type="checkbox"/> Yes		*2 CRFS USDOT	*3 CRFS TAX ID	*4 Y/N <input type="checkbox"/> Yes <input type="checkbox"/> No		* Special
VIN						*1 Colorado Trailer <input type="checkbox"/> Yes <input type="checkbox"/> No		Document #**				Seats
Owner Name						Replace Plate <input type="checkbox"/> Yes		*2 CRFS USDOT	*3 CRFS TAX ID	*4 Y/N <input type="checkbox"/> Yes <input type="checkbox"/> No		* Special

+Type = BS (bus), TK (truck only), TT (truck-tractor). ++ Fuel = Diesel, Gas, Propane.

***1 - Colorado Trailer:** If unit is Type TK (truck) with travel in Colorado, indicate either "yes" or "no" if the truck pulls a trailer in Colorado.

***2 - CRFS USDOT:** Enter USDOT # for the Carrier Responsible for the Safety (CRFS) fitness of the vehicle.

***3 - CRFS TAX ID:** Enter Tax ID # for the CRFS.

***4 - Y/N:** Indicate if the CRFS of the vehicle is expected to change during this registration year.

***5 - Special Use:** Indicate non-standard uses (i.e., carnival, dump truck, farm truck, logging, wrecker, pump/drill/crane, household goods, less than 10K miles)

**** If Document # is not shown - Carrier must furnish proof of Texas title in order to register vehicle.**

Total Units Added _____ Total Units Deleted _____

Unit #	Year	Make	Plate #	VIN	Gross Wgt.	Date Removed from Fleet	Reason Credentials Surrendered



 (Reg. Year)

Texas International Registration Plan Apportioned Application

Schedule B

Account Number _____ Fleet Number _____ Supplement _____

Account Name		DBA		Contact Person		Account Expiration			
Physical Texas Address		County of Residence		Mailing Address		Phone No.	Fax No.	Tax ID (FEIN or SSN)	
City, State and Zip Code		Region		City, State and Zip Code		Email Address	Secondary Phone No.	US DOT #	TX MCR#

List distance traveled in each jurisdiction in which this fleet traveled for the period of **July 1, 2016, through June 30, 2017.**

Ownership Type (check one):

- Company Corporation
 Partnership Sole Owner

Operation Type (check one):

- For Hire Rental Trailer
 Private Carrier Hazardous Materials Carrier *
 Household Goods Carrier

* If the box indicating Hazardous Materials Carrier is checked, the undersigned is declaring knowledge of applicable provisions of any state motor carrier safety regulations for hazardous materials.

Jurisdiction	Distance
Alabama	
Arkansas	
Arizona	
California	
Colorado	
Connecticut	
District of Columbia	
Delaware	
Florida	
Georgia	
Iowa	
Idaho	
Illinois	
Indiana	
Kansas	
Kentucky	
Louisiana	

Jurisdiction	Distance
Massachusetts	
Maryland	
Maine	
Michigan	
Minnesota	
Missouri	
Mississippi	
Montana	
North Carolina	
North Dakota	
Nebraska	
New Hampshire	
New Jersey	
New Mexico	
Nevada	
New York	

Jurisdiction	Distance
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
Rhode Island	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Virginia	
Vermont	
Washington	
Wisconsin	
West Virginia	
Wyoming	

Jurisdiction	Distance
Alberta	
British Columbia	
Manitoba	
New Brunswick	
Newfoundland/Labrador	
Nova Scotia	
Ontario	
Prince Edward Island	
Quebec	
Saskatchewan	

Total Fleet Distance

- Actual distances traveled shown on this form includes all Interstate and Intrastate mileage and also includes all mileage operated under trip lease to another carrier.
- All vehicles are insured while operated upon the public roads as required by law. Proof of financial responsibility will be carried in each vehicle.
- Applicable highway use taxes have been paid on the _____ power units listed on the attached equipment list.

Knowingly providing false information on an application filed with the department subjects you to a third-degree felony under State Law.

Signature _____ Title _____ Date _____

The Texas Department of Motor Vehicles maintains the information collected on this form. With a few exceptions, you are entitled upon request to be informed about the information that we collect about you. Under §§552.021, 552.023, and 559.004 of the Texas Government Code, you are entitled to receive and review this information, and to have us correct erroneous information.