

North Carolina Division of Motor Vehicles

(Rev. 05/14)

TYPE OR PRINT (blue or black ink)

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 from page 1)

OFFICE USE	ACTUAL MILES	AVERAGE VEHICLE DISTANCE MILES	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 (pages 1 & 2) 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