



International Registration Plan (IRP) New Account Application

Registry of Motor Vehicles · IRP Section
PO Box 55889 · Boston, MA 02205-5889 · PHONE: 857-368-8120

Instructions

This application must be used by a registrant to apply for a new IRP fleet account. If you are adding a vehicle(s) to this account, you **MUST** complete the IRP Supplement Application as well. Please review the IRP Checklist for account requirements and forms.

A. Account Information

Identification Number <input type="checkbox"/> FEIN <input type="checkbox"/> SSN	Account Legal Name
---	--------------------

Fleet Name (optional)

Location Address	Apt. #	City	State	Zip Code
------------------	--------	------	-------	----------

Contact First Name	Last Name	Email
--------------------	-----------	-------

Phone Number <input type="checkbox"/> Business <input type="checkbox"/> Cell <input type="checkbox"/> Home	Fax Number
---	------------

B. Fleet Information

Carrier Type: Private For-Hire Rental Goods Exempt

If Rental, is it greater or equal to 45 days? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Goods, Representative Name	Do you have a WY Operating Authority Permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	-------------------------------	--

Have any of your apportionable vehicles accrued actual mileage in any of the IRP Member Jurisdictions during the 07/01/2018 - 06/30/2019 reporting period? *If Yes, complete Previous Jurisdiction.* Yes No

Previous Jurisdiction	Are you a carrier Registrant only? <i>If No, complete the following two fields.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No
-----------------------	---

USDOT#	TIN
--------	-----

C. IRP Required Documents

<input type="checkbox"/> Proof of Location Address (select three)	<input type="checkbox"/> Proof of FID	<input type="checkbox"/> Proof of Incorporation	<input type="checkbox"/> Secretary of State Paperwork
<input type="checkbox"/> Utility Bill	<input type="checkbox"/> SSA Statement	<input type="checkbox"/> Bank or Credit Statement	<input type="checkbox"/> Massachusetts Title
<input type="checkbox"/> RMV Issued Mail	<input type="checkbox"/> Massachusetts Mortgage, Lease or Rental Agreement	<input type="checkbox"/> Retirement or Pension Statement	<input type="checkbox"/> Massachusetts License (Driver, Professional, or Firearm)
<input type="checkbox"/> Tax Document	<input type="checkbox"/> Insurance Bill or Policy		

RMV Office Use Only

Assigned Account Number _____

D. Distance Information

If this fleet travelled during the prior reporting period, you must report the Actual Distance. List all miles in the corresponding Jurisdiction Distance field(s) below. If this fleet did not travel in a jurisdiction it should be left blank.

Do you have actual distance to report?

If no, the distance will automatically be based on the Average Distance Chart.

Yes

No

Jurisdiction	Distance	Jurisdiction	Distance	Jurisdiction	Distance	Jurisdiction	Distance
Alberta		Indiana		North Dakota		Quebec	
Alabama		Kansas		Nebraska		Rhode Island	
Arkansas		Kentucky		New Hampshire		South Carolina	
Arizona		Louisiana		New Jersey		South Dakota	
British Columbia		Massachusetts		Newfoundland & Lab		Saskatchewan	
California		Manitoba		New Mexico		Tennessee	
Colorado		Maryland		Nova Scotia		Texas	
Connecticut		Maine		Nevada		Utah	
Dist. of Columbia		Michigan		New York		Virginia	
Delaware		Minnesota		Ohio		Vermont	
Florida		Missouri		Oklahoma		Washington	
Georgia		Mississippi		Ontario		Wisconsin	
Iowa		Montana		Oregon		West Virginia	
Idaho		New Brunswick		Pennsylvania		Wyoming	
Illinois		North Carolina		Prince Edward Island			

E. Certification and Signature of Applicant(s)

Application not complete without all required signatures.

I/We the applicants hereby certify under the penalties of perjury that there are no outstanding excise tax liabilities on the vehicle described above that have been incurred by the applicant(s), any member of the applicant's immediate family who is a member of the applicant's household or the business partner of the applicant(s). The RMV reserves the right to verify any representations or documents you provide. Whoever knowingly makes any false statement in application for registration of a motor vehicle is subject to prosecution and a fine and/or imprisonment upon conviction (M.G.L. c.90, §24). The Registrar may also revoke any registration obtained by false statements or misrepresentations. I hereby affirm under the penalty of perjury that the representations and/or documents I have provided in this Section are true and accurate. I further understand that falsely affirming to any matter required by the Registrar under Chapter 90 may be considered to be the commission of perjury under Chapter 90, Section 28 and punished as such under M.G.L. c. 268, §1.

Signature _____ Date: _____

Printed Name _____ Position _____

Signature on this application by the applicant or authorized representative constitutes the applicant's consent to have the information submitted as part of participation in IRP and verified through an audit performed by the Commonwealth of Massachusetts Registry of Motor Vehicles, the Department of Revenue, or their agents. Further, the applicant understands that the Registry of Motor Vehicles and the Department of Revenue may exchange the information obtained during an audit for purposes of enforcing the International Registration Plan (IRP) and the International Fuel Tax Agreement (IFTA).