



Texas IRP Apportioned Registration Application

(Reg. Year) _____

Schedule A

Section 305 Application

Account Number _____ Fleet Number _____ Supplement _____

OFFICIAL USE ONLY	
HVUT : _____	Tx ID: _____
Ins: _____	TTL Doc: _____
UCR: _____	Lease: _____

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 #		TxDMV#

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
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
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

+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 or Texas Registration Purposes Only receipt 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 IRP Apportioned Registration Application Schedule B

Account Number _____ Fleet Number _____

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#

Schedule B

Ownership Type (check one):

- Company Limited Partnership
 Sole Proprietor Limited Liability Co.

Operation Type (check one):

- For Hire Rental or Leasing Co.
 Private Carrier Hazardous Materials Carrier *

List distance traveled in each jurisdiction in which this fleet traveled for the period of **July 1, 2021, through June 30, 2022.**

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

Certify that the actual distances traveled shown on this application includes all interstate and intrastate mileage and also includes all mileage operated under trip lease to another carrier.

*If the box indicating Hazardous Materials Carrier has been checked, the undersigned is declaring knowledge of the Application Provisions of any State Motor Carrier Safety Regulations or Hazardous Materials Regulations.

I attest that all vehicles are insured while operated upon public roads, as required by law. Proof of financial responsibility will be carried in each vehicle. This certifies that the applicable highway usage 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. The undersigned under oath swears under penalty of perjury that the above statements including all information on this application are true and correct.

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.