Form 76-111-08-1-1-000 (Rev. 8/08)

INTERNATIONAL REGISTRATION PLAN APPLICATION
STATE OF MISSISSIPPI
SCHEDULE A

Please Print or Type

Account Name	DBA Name
Business Physical Address	Mailing Address
City / County / State / Zip	City / County / State / Zip

License Year	Account Number	Fleet Number
Person to contact regarding application:		
City	State	Phone Number
Fax #	Cell Phone	

FEIN
SSN
US DOT #

TYPE OF OWNERSHIP

Sole Owner ☐ Partnership ☐ Corporation ☐

Has Vehicle(s) ever been registered in another state

Yes ☐ No ☐

ADDITIONS

1. Owner's Unit Number	2. YEAR	3. Make	4. Vehicle Identification Number	5. TYPE	6. AXLES	7. SEATS	8. FUEL	9. Unladen (Empty) Weight	10. Combined Gross Weight	11. Cost of Vehicle	12. Purchase Date	13. Name of Lessor	14. Title Number	15. Previous License No.	16. US DOT # Vehicle Level	17. ** Y/N	18. FED ID / TIN Vehicle Level	19. Delivery Date

** If the carrier responsible for safety is expected to change during the year, the indicator should be set to Y.
If the carrier responsible for saftey is not expected to change during the year, the indicator should be set to N.

DELETIONS

1. Owner's Unit Number	2. YEAR	3. Make	4. Vehicle Identification Number	5. Combined Gross Weight	6. Apport. License Number	7. Reason Removed

CODE

Type	Fuel
TR - Tractor	D - Diesel
TK - Single Truck	G - Gas
FT - Trailer	P - Propane
BS - Bus	
PU - Pickup	
SD - Limousine	

CHECK ONE

- ☐ PC-Private Carrier
- ☐ HH-Haul for Hire (Hauling Others' Goods)
- ☐ RC-Rental Carrier
- ☐ HC-Household Goods Carrier

Total Number of Units Added	
Total Number of Units Deleted	

The undersigned, under oath, swears under penalty of perjury that the information furnished on this application and the attached schedules is true and correct.

By _____ Title _____

This _____ Day of _____

SIGNATURE REQUIRED

FOR OFFICE USE ONLY

Pre-payment _____

Trade-In Tag _____

INTERNATIONAL REGISTRATION PLAN APPLICATION
STATE OF MISSISSIPPI

SCHEDULE B

Account Name		Business Street Address (Where Records are Maintained)			City
County	State	Zip	License Year	Account Number	Fleet Number

A. Mark "X" in box for each state where you are filing for proportional registration.
B. Mark "X" if estimated miles.
C. List Mileage for each jurisdiction in which this fleet traveled July 1, _____ through June 30, _____

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

Explain in detail the scope of operation for any estimated mileage:

Schedule G

(FOR OFFICE USE ONLY)