



District of Columbia - IRP Application



ACCOUNT #	FLEET #	SUPP #	Exp Date	<i>Leave all shaded areas blank Please Type or Print With Ink</i>	TYPE OF APPLICATION			
NAME OF REGISTRANT			DC IRP PROCESSING CENTER 95 M Street SW Washington, DC 20024 PHONE 202-729-7083 FAX 202-729-7174	<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Add Fleet <input type="checkbox"/> Add Jurisdiction <input type="checkbox"/> Add Vehicle <input type="checkbox"/> Plate Transfer <input type="checkbox"/> Weight Increase <input type="checkbox"/> Change Information <input type="checkbox"/> Fleet to Fleet Transfer	<input type="checkbox"/> Private Carrier(PC) <input type="checkbox"/> Rental Company(RC) <input type="checkbox"/> Haul for Hire(HH) <input type="checkbox"/> Household Goods Mover(HC) <input type="checkbox"/> Exempt Commodities (EX) Type_____			
DBA(if any)								
DC BUSINESS LOCATION (DO NOT USE PO BOX)								
Washington	District of Columbia	ZIP CODE	FEIN					
MAILING ADDRESS			SSN					
CITY	STATE	ZIP CODE	US DOT #	From	To			
CONTACT PERSON		CONTACT PHONE	MCS 150 DATE	REPLACEMENT CREDENTIALS				
TELEPHONE #	FAX #	IFTA #		<input type="checkbox"/> CAB CARD <input type="checkbox"/> PLATE <input type="checkbox"/> STICKER <input type="checkbox"/> PLATE/STICKER	REASON <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> OPTIONAL			
E-mail address			MC #					
<input type="checkbox"/> Check this box if this carrier has intrastate Authority in Wyoming								

IRP Registrants are Subject to the Suspension or Loss of Driving Privileges if their Vehicle is Operated Without Required Insurance

District of Columbia law requires owners of currently registered motor vehicles to maintain continuous insurance coverage and the law prohibits any person from operating, or permitting others to operate an uninsured motor vehicle.

PROOF OF FINANCIAL RESPONSIBILITY IS REQUIRED: 1.) Whenever a police officer asks for proof of insurance. 2.) Whenever there is a motor vehicle accident involving ones carrier. 3.) Whenever the DMV requests insurance information

ANY DRIVER WHO FAILS OR REFUSES TO SHOW PROOF OF CURRENT INSURANCE may be required to surrender his or her license tag. If a suspension is recorded, the vehicle owner will be required to pay a \$98 reinstatement fee, \$150.00 will be assessed for each vehicle having been operated without the required insurance for a period of 1 to 30 days, increasing to \$7 for each day thereafter. The maximum fine for having an uninsured vehicle is \$2,500.

A VEHICLE OWNER AND ANY DRIVER WHO VIOLATES A SUSPENSION ORDER may be subject to enforcement and other penalties as appropriate under the law. Law enforcement officials are authorized to immobilize vehicles that are not in compliance, and to take ones license tag.

IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE: In addition to all the penalties listed above you may have • A SECURITY SUSPENSION for TWO YEARS or more and • A JUDGMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).

IN THE EVENT OF AN ACCIDENT WHERE THERE IS PERSONAL INJURY OR WHERE PROPERTY DAMAGE EXCEEDS \$200, an IRP registrant must file an official police report.

If an IRP PARTICIPANT IS INVOLVED IN AN ACCIDENT WITHOUT PROOF OF CURRENT INSURANCE, he/she may be subject to a Judgment Suspension for a period up to 12 years. WARNING: An IRP participant is not relieved of his/her responsibility to provide proof of insurance on a vehicle, even when the operator of another vehicle is liable for an accident and that person does not have insurance.

FINANCIAL RESPONSIBILITY/PROOF OF INSURANCE MAY BE DOCUMENTED IN THE FOLLOWING MANNER: By presenting an insurance policy showing liability insurance of at least \$25,000 bodily injury per person, \$50,000 bodily injury for two or more persons; and a minimum of \$10,000 liability for property damage. The owner/operator may present an insurance identification card with the same coverage, or a DMV Certificate of Self Insurance (only available to companies or individuals who register a minimum of 26 vehicles).

IRP VEHICLE OWNERS MUST PRESENT A DMV INSPECTION CERTIFICATE

I affirm that I, as the owner (or lessee of a leased vehicle), have current insurance for each vehicle(s) listed on this application. I certify that I will not operate, or permit others to operate such vehicle(s) without insurance. I further certify that all registration fees have been paid as assessed, and that tag information provided to this office is correct.

Signature _____

Title _____

Date _____

ACCOUNT #	FLEET #	SUPP #
-----------	---------	--------

All fields are required except for shaded areas required. Application will be returned if information is missing.

V e h i c l e	CO	Unit #	Weight Group	Vehicle Identification #	Year	Make of Vehicle	Vehicle Type	Axles (Bus: Seats)	Com-bined Axles	Fuel Type	Unladen Weight	Combined or Gross Weight (*)	Purchase Price	Factory Price	Veh. Inspection	Form 2290
	Y/N															
		Date of Purchase	Date of Lease	Name of Owner (as it appears on vehicle Title)	Bus: HP	Company US DOT #	Company TIN #	Plate # Transferred							Power of Attorney	Lease Agreement
Are you an Owner Operator leased onto a motor carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must provide a photocopy of your lease agreement!																
Vehicle Deletion		Unit #	Vehicle Identification #	Year	Make of Vehicle	Combined or Gross Weight	Reason Removed			Plate # Transferred						



V e h i c l e	CO	Unit #	Weight Group	Vehicle Identification #	Year	Make of Vehicle	Vehicle Type	Axles (Bus: Seats)	Com-bined Axles	Fuel Type	Unladen Weight	Combined or Gross Weight (*)	Purchase Price	Factory Price	Veh. Inspection	Form 2290
	Y/N															
		Date of Purchase	Date of Lease	Name of Owner (as it appears on vehicle Title)	Bus: HP	Company US DOT #	Company TIN #	Plate # Transferred							Power of Attorney	Lease Agreement
Are you an Owner Operator leased onto a motor carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, you must provide a photocopy of your lease agreement!																
Vehicle Deletion		Unit #	Vehicle Identification #	Year	Make of Vehicle	Combined or Gross Weight	Reason Removed			Plate # Transferred						



F O O T N O T E	<p align="center">* In accordance with DC Code § 50-1501.02(c) (2), anyone registering a vehicle in the District of Columbia is required to pay all taxes, including the heavy vehicle use tax where applicable. DCMR Title 18 § 412.1(o), specifically requires registrants to pay the heavy vehicle use tax before they can register heavy weight vehicles with a taxable gross weight of 55,000 pounds or more.</p>															



ACCOUNT #	FLEET #	SUPP #
-----------	---------	--------

DISTANCE AND WEIGHT SCHEDULE

Y/N - Mark column with a 'Y' in the jurisdiction where IRP registration is desired.

Mark column with a 'N' in the jurisdictions in which actual distance is shown but registration is not desired.

A/E - Mark column with 'A' for Actual distance or 'E' for Estimated distance.

Distance - List distance accrued in each jurisdiction in which this fleet traveled during the period July 1 through June 30 of the year preceding the license year for which you are applying.

Give Estimated an distance if no actual distance was accrued during the reporting period Using Method A or Method B as explained on the Carrier Statement of Proposed Estimated Distance Chart.

Weight - Units listed on this application will be authorized to operate in the IRP jurisdictions and at the weights listed below. You must provide a letter of if there is a 10% weight variance.

WEIGHT AND DISTANCE INFORMATION BY JURISDICTION

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

TOTAL MILES:

OFFICIAL DMV IRP PROCESSING CENTER USE ONLY

DATE APPLICATION RECEIVED:	REVIEWED BY: _____	NUMBER OF REG MONTHS	INVOICE VERIFIED BY: _____	DATE CAB CARD(S) MAILED:
	DATE: _____		CAB CARD(S) VERIFIED BY: _____	
	INPUT BY: _____			
	DATE: _____			