Minnesota Dept. of Public Safety
445 Minnesota Street Ste 188
St. Paul, MN 55101
Phone: (651) 205-4141
Fax: (651) 215-0027
TDD/TYY: (651) 282-6555

MN International Registration Plan Renewal/Supplement Application

Account Number: _____ Fleet: _____

Section 1

Account Name:	DBA:	Contact Person Name:	Registration Year:
Physical Address 1 / County of Residence	Mailing Address 1	Phone No. / Fax No:	Tax ID (FEIN or SSN:)
Physical Address 2	Mailing Address 2	Email Address:	US DOT #
City, State, Zip	City, State, Zip		

All information collected on a motor vehicle application is required by law and is used to identify the vehicle. Failure to provide required information may result in denial of the requested action. Except for certain uses by federal and state laws, personal information may not be disclosed to anyone without your consent.

Section 2

Ownership Type: ☐ Company ☐ Corporation ☐ Partnership ☐ Sole Owner

Type of Operation: ☐ For Hire ☐ Private Carrier ☐ Rent vehicles less than 45 days ☐ Rent vehicles 45 days and over

Section 3

Check the jurisdictions which you want to appear on your cab card for this registration period. Indicate the distance code for each selected jurisdiction as follows:
A = Actual Miles Reported E = Estimate. For jurisdictions with a distance code of A, report the miles this fleet traveled for the period of_____

	Jurisdiction	Miles	A/E		Jurisdiction	Miles	A/E		Jurisdiction	Miles	A/E		Jurisdiction	Miles	A/E
*	Alaska			☐	Louisiana			☐	Ohio			☐	Alberta		
☐	Alabama			☐	Massachusetts			☐	Oklahoma			☐	British Columbia		
☐	Arkansas			☐	Maryland			☐	Oregon			☐	Manitoba		
☐	Arizona			☐	Maine			☐	Pennsylvania			☐	New Brunswick		
☐	California			☐	Michigan			☐	Rhode Island			☐	Newfoundland/Lab		
☐	Colorado			☐	Minnesota			☐	South Carolina			☐	Nova Scotia		
☐	Connecticut			☐	Missouri			☐	South Dakota			*	NW Territory		
☐	Dist of Columbia			☐	Mississippi			☐	Tennessee			*	Nunavut		
☐	Delaware			☐	Montana			☐	Texas			☐	Ontario		
☐	Florida			☐	North Carolina			☐	Utah			☐	Prince Edward Isl		
☐	Georgia			☐	North Dakota			☐	Virginia			☐	Quebec		
☐	Iowa			☐	Nebraska			☐	Vermont			☐	Saskatchewan		
☐	Idaho			☐	New Hampshire			☐	Washington			*	Yukon		
☐	Illinois			☐	New Jersey			☐	Wisconsin			*	Mexico		
☐	Indiana			☐	New Mexico			☐	West Virginia				Total Miles		
☐	Kansas			☐	Nevada			☐	Wyoming				Total Vehicles Renewed		
☐	Kentucky			☐	New York			☐	Wyoming Intrastate Authority						

Section 4

I attest that this vehicle is insured while operated upon the public roads as required by law; proof of insurance will be carried in the vehicle. For any estimated distance reported you are required to use the Estimated Distance Worksheet. I understand that the estimated miles designated reflect intended travel in each state for the current registration year and that mileage cannot be changed during the registration year. I furthermore affirm that I am familiar with the responsibility imposed upon me by the International Registration Plan (IRP); pursuant to Article II, Section 234 of the IRP you are required to submit, upon request, lease information regarding the owner-operator and the motor carrier.

Applicant Signature: _____ Title: _____ Date: _____ or

Authorized Agent Signature: _____ Date: _____

Section 5

Minnesota International Registration Plan Renewal/Supplement Application

Weight Group: #_____

Account Number:_____
Vehicle Type: _____

Fleet:_____
Minnesota CGVW: _____

This Fleet Is Currently Apportioned With The Jurisdictions Indicated And At The Gross Weights Shown Below:

Jurisdiction	Weight	Jurisdiction	Weight	Jurisdiction	Weight	Jurisdiction	Weight	Jurisdiction	Weight	Jurisdiction	Weight
AL		IA		MI		NM		TN		AB	
AR		ID		MN		NV		TX		BC	
AZ		IL		MO		NY		UT		MB	
CA		IN		MS		OH		VA		NB	
CO		KS		MT		OK		VT		NL	
CT		KY		NC		OR		WA		NS	
DC		LA		ND		PA		WI		ON	
DE		MA		NE		RI		WV		PE	
FL		MD		NH		SC		WY		QC	
GA		ME		NJ		SD				SK	

Section 6

**** Place a "D" in the Action box if deleting the vehicle. Place a "C" in the Delete/Change box if changing any vehicle information. Please make all changes in red.**
***1. Verify the US DOT number for the carrier responsible for safety fitness of the vehicle. This should be the US DOT number displayed on the cab of the vehicle.**
***2. Verify the Tax Identification Number for the carrier responsible for the safety fitness of the vehicle.**
***3. Please indicate if the carrier responsible for the safety fitness of the vehicle is expected to change during this registration year.**
***4. If the unit is a type of TK with travel in Colorado, please indicate if the truck pulls a trailer.**
***5. Verify county kept when not in use or operation. (Minnesota Statutes 163.061)**
***6. Please see renewal instructions regarding special use vehicles. Complete if applicable.**

VEHICLE EQUIPMENT LIST FOR ACCOUNT _____ - FLEET _____ - WEIGHT GROUP _____

**Action	Unit#	Year	Make	Plate #	Axles	Combined MN Axles	Combined QC Axles	Seats	Fuel	Unladen Weight	Gross Weight	Purchase Price	Factory Price	Purchase Date
V.I.N.			Owner Name		Owner DOB	*1 USDOT		*2 FEIN		*3 Yes/No	*4 CO Trailer Y/N	*5 County Kept When Not In Use		*6 Special Use

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