

Established Place of Business – means a physical structure located within the Base Jurisdiction that is owned or leased, such lease agreements shall be for no less than 12 months by the Applicant or Registrant and whose street address shall be specified by the Applicant or Registrant. The physical structure shall have clear company signage and hours of operation posted, be open for business and shall be staffed a minimum of 20 hours per week by one or more persons employed by the Applicant or Registrant on a permanent basis (i.e., not an independent contractor) for the purpose of the general management of the Applicant's or Registrant's trucking-related business (i.e., not limited to credentialing, distance and fuel reporting, and answering telephone inquiries). Trucking-related business encompasses a wide range of activities related to the transportation of goods by trucks. These operations involve several key components, such as:

- (i) Logistics Planning
- (ii) Fleet Management
- (iii) Driver Management
- (iv) Load Handling
- (v) Regulatory Compliance
- (vi) Customer Service
- (vii) Technology Integration

For the purposes of the IRP Established Place of Business requirements, virtual and/or shared office spaces shall not qualify. Shared or virtual offices: Shared or virtual offices are spaces where multiple businesses or individuals share common facilities and resources, such as office space, meeting rooms, and administrative services shall not be used to qualify for an Established Place of Business under the IRP.

Records concerning the Fleet shall be maintained at this physical structure (unless such records are to be made available in accordance with the provisions of Section 1035). The Base Jurisdiction may accept information it deems pertinent to verify that an Applicant or Registrant has an Established Place of Business within the Base Jurisdiction.

If an Applicant does not have an Established Place of Business in any Jurisdiction the Applicant may designate as a Base Jurisdiction any Member Jurisdiction (i) where the Applicant can demonstrate Residence, (ii) where the Fleet the Applicant seeks to register under the Plan accrues distance, and (iii) where Records of the Fleet are maintained or can be made available. This option is only available if no business has been established.

The above are the updated requirements from the International Registration Plan (IRP) - Section 305 and Article 2.





Address requirements are for new accounts and existing accounts. Documents must be submitted at the time of renewal.

| Primary | Proofs – All proofs are required for Business Primary or Personal Primary. |
|----------------|--|
| Busin | ess Primary - Proof of Name, Address & Federal Employee Identification Number (FEIN) |
| | SS-4 Form or Certificate of Authority (If the FEIN on the Certificate of Authority is followed |
| | by 500, this is considered a temporary number and is not an acceptable document) |
| | Utility Bill (Water, Sewage, Electric, Gas) |
| | Photo of Signage (Legible photo of company signage and hours of operation posted at the |
| | business address) |
| Perso | nal Primary - Proof of Name & Address |
| | New Jersey Driver's License (Valid and Current) |
| | Utility Bill (Water, Sewage, Electric, Gas) |
| <u>Seconda</u> | <u>ry Proofs</u> — One Secondary Proof is required along with the primary proofs. |
| | Certificate of Incorporation or Formation |
| | (|
| _ | jurisdiction) |
| | New Jersey Vehicle Title (of the vehicle being registered) |
| | Property Tax Bill |
| | Notarized Business Property Lease Agreement (applicable to business primary only) |
| | Notarized Personal Property Lease Agreement (applicable to personal primary only) |
| NOTE: | |
| • Le | ase agreements must be notarized, valid for 12 months, cover the duration of the registration |
| | d can be requested by New Jersey Motor Vehicle Commission at any time. |
| • SS- | 4 must be preprinted and cannot be the application or be handwritten in. |





STATE OF NEW JERSEY

IRP REGISTRATION CERTIFICATION

This form must be completed prior to IRP Registration

| Does the New Jersey address have a physical structure owned, leased or rented by the fleet registrant? | | | | | | | |
|--|--|--|--|--|--|--|--|
| neet registrant: | ☐ YES | □NO | | | | | |
| Proof of this a | address must be submit | tted before your application will be processed. | | | | | |
| 2. Is this location ope | n during normal busir | ness hours? (Monday - Friday 8 a.m. to 5 p.m.) | | | | | |
| | ☐ YES | □NO | | | | | |
| 3. Does the location I Bill, Gas Bill or Sewag | | sted in the name of the fleet registered? (I.E. Water | | | | | |
| | ☐ YES | □NO | | | | | |
| 4. Is there a person of during normal business | | the fleet registrant's business in the location | | | | | |
| 3 | ☐ YES | □NO | | | | | |
| 5. Are the operationa | I records of the fleet I | ocated at this location? | | | | | |
| | ☐ YES | □NO | | | | | |
| 6. If not, can the oper event of an audit? | ational records be ma | ade available at the New Jersey location in the | | | | | |
| over en an adam. | ☐ YES | □NO | | | | | |
| If no, the registrant mus Agreement, Section 103 | | and per diem expenses in accordance with the IRP dit Expenses. | | | | | |
| true and correct to the beevent the established pl | est of my/our knowledg ace of business is prove | penalty of perjury, that the statements made herein are e, information and belief. I/we understand that in the en to be outside the State of New Jersey, the registrant ument fees will not be refunded. | | | | | |
| | | | | | | | |
| Name of | Company | Print Name of Registrant | | | | | |
| Signature | of Registrant | Date | | | | | |





NEW JERSEY MOTOR VEHICLE COMMISSION MOTOR CARRIER SERVICES - IRP SECTION

| PLEASE | CHECK |
|--------|-------|
| ON | F. |

| SUPPLEMEN | NIAL TYPE - VEHICL |
|--------------------------|---------------------------|
| ☐ ADDITION ☐ TRANSFER | ☐ DELETION* ☐ REPLACEM |

EQUIPMENT REGISTRATION FORM (Instructions On Back Of Form)

☐ REPLACEMENT

CODE TK – TRUCK (SINGLE)

TYPE AND REGISTRATION CODE

TYPE CODE 11 HD – HEAVY DUTY TOW TRUCK

PAGE

OF

| The state of the s | TRENTON PHONE: (609 | KTON STREET, P.O. I, NEW JERSEY 0866 \$33-9400 FAX: (609 customerservice@m | 6-0133) 633-9394 | ☐ ORIGINAL ☐ RENEWAL ☐ SUPPLEMENT | ☐ TRANSFER ☐ CHANGE WEIGH ☐ DUPLICATE CAB ☐ ADDRESS CHAN | ITS PLA CARDS IGE | REPLACEMENT ATES CORRECTION TOW TRUCK CKERS | TK – TRUCK (SI TT – TRUCK TR SW – SOLID WA CV – CONSTRU | ACTOR | 11 LD – LIGHT DU | DUTY TOW TRUCK JTY TOW TRUCK RCIAL AGGREGATE | 33 32 16 54 |
|--|------------------------|---|----------------------|---|--|--------------------|---|--|--|--|--|----------------------|
| REGISTRATION YEAR | NAMI | E OF REGISTRANT | | | | • | REGISTRANT PH | ONE | | JURISDICTIONA | L WEIGHTS | |
| PERSON TO CONTACT: | | | | | | | TELEPHONE NUM | MBER | | HE WEIGHT IS GREA WEIGHT IN ANY JUF | | |
| ACCOUNT NUMBER | BUSI | NESS ADDRESS WHERE | E FLEET IS BASED | PROOF REQUIRED) |) | | FAX NUMBER | | NJ | MA | TX | |
| FLEET NUMBER | CITY | , STATE, ZIP CODE | | | | | , | | AL | MI | UT | |
| | | NO 40000000 500 000 | 0.040.04000.01 | ATEO | | | | | AK | MN | VT | |
| U.S. DOT NUMBER | MAIL | ING ADDRESS FOR BILL | .S, CAB CARDS, PL | AIES | | | | | AZ | MS | VA | |
| FEDERAL TIN # OR SSN # | CITY | , STATE, ZIP CODE | | | | | | | AR | MO | WA | |
| E-MAIL ADDRESS | | | | | | | | | CA | MT | WV | |
| 2 100 112 7 12 5 1 12 9 5 | | | | | | | | | CO | NE NE | WI | |
| EQU | IPMENT A | DDITION SECTION | ON | | EQUIPM | ENT ADDIT | ION SECTION | N | СТ | NV | WY | |
| EQUIPMENT NUMBER: | | | | EQUIPMENT | NUMBER: | | | | DE DC | NH | AB | |
| MODEL VEAD 8 MAKE. | | | | MODEL YEAR | D O MAKE. | | | | FL | NM NY | BC MB | |
| MODEL YEAR & MAKE: | | | | MODEL YEAR | K & WAKE: | | | | GA | NC NC | NB | |
| VIN# | | | | VIN# | | | | | -ID | ND | NL | |
| NAME OF OWNER: | | | | NAME OF OV | WNER: | | | | IL | OH | NS | |
| VEHICLE TYPE: | FUEL TYPE | <u> </u> | AXLES: | VEHICLE TY | PE: | FUEL TYPE: | | AXLES: | IN | OK | NT | |
| COMBINED GROSS WEIGH | | | | COMBINED | GROSS WEIGHT | | | | IA | OR | ON | |
| BUSES ONLY | I. | | TMENTS YES | | | | | MENT2 YES | KS | PA | PE | |
| # OF SEATS: | | LUGGAGE COMPAR | TMENT? NO | | | LI. | JGGAGE COMPART | MENT? NO | KY | RI | QC | |
| REGISTRATION CODE: | | UNLADEN WEIGHT: | | REGISTRATI | ON CODE: | UNL | ADEN WEIGHT: | | LA | SC | SK | |
| LATEST PURCHASE PRICE: | | FACTORY PRICE: | | LATEST PUR | RCHASE PRICE: | | FACTORY PRICE: | | ME | SD | YT | |
| DATE OF PURCHASE: | | | | DATE OF BU | DATE OF PURCHASE: | | | | MD | TN | MX | |
| IS DESIGNATED CARRIER F | | | O TO YES | IS DESIGNAT | TED CARRIER RESPO | | ETY EXPECTED TO | O CHANGE YES | NAME OF INSU | JRANCE COMPANY AS S | HOWN ON POLICY | |
| CURRENT PLATE NUMBER: | IOTIVATION I EI | EXPIRATION | | | LATE NUMBER: | IOD: | EXPIRATION | Пио | NAIC INSURAN | ICE CODE NUMBER | | |
| U.S. DOT NUMBER RESPON | ISIBLE FOR SAI | MONTH: FETY: | | | IMBER RESPONSIBLE | FOR SAFETY: | MONTH: | | | | | |
| FEDERAL TIN # RESPONSIE | BLE FOR SAFET | ΓΥ: | | FEDERAL TII | N # RESPONSIBLE FO | R SAFETY: | | | POLICY OR BIN | NDER NUMBER | | |
| EQUIPMENT | DELETIO | N OR TRANSFEI | R SECTION | EC | QUIPMENT DEL | ETION OR | TRANSFER | SECTION | | | | |
| EQUIPMENT NUMBER: | | | | EQUIPMENT | NUMBER: | | | | hereof is covere | ertify under penalty of law ed by at least the minimu | m amount of insurance | e required by |
| MODEL YEAR & MAKE: | | | | MODEL YEAR | R & MAKE:: | | | | | urance laws, and that this egistration period. This cer | | |
| VEHICLE IDENTIFICATION N | NUMBER: | | | VEHICLE IDE | ENTIFICATION NUMBE | R: | | | Certification: B | By signing this application I | certify knowledge of th | e Federal and |
| PLATE NUMBER: | | | | PLATE NUME | PLATE NUMBER: | | | | rrier safety laws and furth the New Jersey Inspection | | | |
| COMBINED GROSS WEIGH | Γ | | | COMBINED (| GROSS WEIGHT | | | | | | | |
| REASON REMOVED: | | | | REASON RE | MOVED: | | | | (APPLICANT O | SIGNATURE R AUTHORIZED REPRES | | DATE |

INSTRUCTIONS FOR COMPLETING THE EQUIPMENT REGISTRATION FORM

REGISTRANT/FLEET INFORMATION

Registration Year - Provide month and year of expiration.

Business Address

Fleet Number

Current Plate #

Name of Registrant - Name of person, firm or corporation requesting apportioned registration.

Person to Contact - Name of person to be contacted to resolve problems with application. Include phone number.

Account Number - Enter the IRP account number assigned by the New Jersey Motor Vehicle Commission. If this is your initial IRP application leave this block blank as this

number will be assigned when your original application is filed with MVC.

- (Street, city, state and zip code) This would be where applicant has an established place of business and a telephone and will maintain and/or make records available for audit. Proof of address is required. **This address cannot be a post office box.**

- If more than one fleet is registered under the same company name, indicate to which fleet number (001, 002, etc.) that this application refers.

US DOT # - Must provide US DOT # for you or your company.

Mailing Address- (Street, city, state and zip code) The Apportioned registration license plates and correspondence will be sent to this address.

Federal TIN # or SS # - Must provide your Tax Identification Number or your Social Security Number.

E-Mail Address - Correspondence may be forwarded to this address if applicable.

JURISDICTIONAL WEIGHT INFORMATION

List weight when adding states or when weight is greater than the combined gross weight

EQUIPMENT INFORMATION

Equipment Number - Arbitrary number assigned by applicant to each unit. Number should be unique for each vehicle.

Model Year and Make - Manufacturer's model year and make of vehicle.

Vehicle Identification # - Complete VIN as shown on vehicle and listed on the manufacturer's Certificate of Origin or Title.

Name of Owner - Name of owner for each vehicle if registrant is not the owner. Signed affidavit from owner must be on file with the Commission.

Vehicle Type

- See vehicle type abbreviations on front of MCS-IRP-1 form at top right.

Fuel

- Diesel (D), Gasoline (G), Propane (P), Natural Gas (N) or Electric (E)

Axles - Enter the number of axles for each truck/tractor.

Combined Gross Weight - The unladen (empty) weight of a vehicle plus the weight of the load carried on that vehicle. For a tractor this would be the weight of the tractor plus that

part of the weight of a fully loaded semi-trailer resting on the tractor.

Buses only # of seats - Enter the number of seats for each bus.

Luggage Compartment - Yes/No- Must answer yes or no to the question, Does the bus have a luggage compartment?

Registration Code - Vehicle registration code for commercial vehicles and busses – refer to front of MCS-IRP-1 form at top right.

Unladen Weight - Weight of the vehicle without a load (empty weight).

Latest Purchase Price of Vehicle - The actual purchase price of the vehicle (i.e. price paid for the vehicle by the current owner).

Factory Price - Manufacturer's list price of the vehicle when new, including accessories and modifications.

Date of Purchase - Month, day and year of purchase.

Designated Carrier Change - Yes/No - Must answer yes or no to the question, Is the Designated Carrier Responsible for Safety expected to change during the registration period?

- If vehicle currently registered in New Jersey, list license plate number. NOTE: If vehicle is not new and has never been titled in New Jersey, you

must title the vehicle prior to registration.

Expiration Month - Provide current registration expiration date for each vehicle.

US DOT # Responsible for Safety - Party responsible for the safety of each vehicle listed.

Federal TIN # Responsible for Safety - Party responsible for the safety of each vehicle listed.

Insurance Information - Provide the insurance company name, policy or binder number and NAIC insurance code from your insurance card. If your number is not listed on your I.D. card, contact your insurance agent.

EQUIPMENT DELETION AND TRANSFER SECTION

Equipment Number - Arbitrary number assigned by applicant to each unit. Number should be unique for each vehicle.

Model, Year and Make - Manufacturer's model year and make.

Vehicle Identification # - Complete VIN as shown on vehicle and listed on the manufacturer's Certificate of Origin or Title.

Plate Number - Provide the license plate number of the vehicle you are deleting or transferring.

Combined Gross Weight

- The unladen (empty) weight of the vehicle plus the weight of the load carried on that vehicle.

Reason Removed

- Enter the reason the vehicle is being deleted (ex. sold, wrecked, junked, fleet transfer, etc.).

PLEASE SIGN THE APPLICATION AFTER COMPLETION

NEW JERSEY MOTOR VEHICLE COMMISSION MOTOR CARRIER SERVICES - IRP SECTION

PHONE: (609) 633-9400 | FAX: (609) 633-9394

| TYPE OF OPE | RATION: |
|-------------------|----------|
| □ PRIVATE CARRIER | ☐ RENTAI |
| ☐ HAUL FOR HIRE | □ BUS |

MILEAGE SCHEDULE (Instructions On Back Of Form)

| IYPE | OF COM | MODITY: |
|-------|---------|----------|
| ☐ ALL | ☐ LOGS | ☐ GRAVEL |
| | PASSSEN | GERS |

| SUPPLEMENTAL | TYPE |
|--------------|------|
| | |

| ш | ORIGINAL |
|---|----------|
| | RENEWAL |

| The state of the s | | EMAIL: mcscustomerservice@mvc.nj.gov | ☐ HOUSEHOLD GOODS | MOVER | OTHER | | | |
|--|-----|--|-------------------|----------------------|-------|--|--|--|
| REGISTRATION YEAR | | NAME OF REGISTRANT | | REGISTRANT PHONE () | | Insurance: I certify under penalty of law that the vehicle(s noted on the face hereof is covered by at least the minimur amount of insurance required by New Jersey insurance laws | | |
| PERSON TO CONTACT | : | | | TELEPHONE NUM | BER | and that this vehicle registration period. T | will be continuously insured throughout its his certification may be used for insurance | |
| ACCOUNT NUMBER | | BUSINESS ADDRESS WHERE FLEET IS BASED (PROOF REQUIRED) | | FAX NUMBER | | NAME OF INSURANCE COMPANY AS SHOWN ON POLICY | | |
| FLEET NUMBER | | CITY, STATE, ZIP CODE | | | | | | |
| U.S. DOT NUMBER | | MAILING ADDRESS FOR BILLS, CAB CARDS, PLATES | | | | NAIC INSURANCE COL | DE NUMBER | |
| FEDERAL TIN # OR SSN | N # | CITY, STATE, ZIP CODE | | | | POLICY OR BINDER N | JMBER | |
| E-MAIL ADDRESS | | | | | | | | |

INSTRUCTIONS: MARK "X" IN SPACE FOR EACH IRP JURISDICTION AND LIST THE ACTUAL MILEAGE WHERE THIS FLEET HAS TRAVELED FOR THE PERIOD OF JULY 1 THROUGH JUNE 30 OF THE YEAR PRECEDING THE LICENSE YEAR FOR WHICH YOU HAVE DRIVEN.

| (X) | ST | JURISDICTION | ACTUAL MILEAGE | (X) | ST | JURISDICTION | ACTUAL MILEAGE | (X) | ST | JURISDICTION | ACTUAL MILEAGE | |
|---|------------------|--|----------------|------|--|----------------|----------------|-----|--|-------------------------|----------------|--|
| | NJ | NEW JERSEY | | | MA | MASSACHUSETTS | | | TX | TEXAS | | |
| | AL | ALABAMA | | | MI | MICHIGAN | | | UT | UTAH | | |
| | AK | ALASKA | | | MN | MINNESOTA | | | VT | VERMONT | | |
| | AZ | ARIZONA | | | MS | MISSISSIPPI | | | VA | VIRGINIA | | |
| | AR | ARKANSAS | | | MO | MISSOURI | | | WA | WASHINGTON | | |
| | CA | CALIFORNIA | | | MT | MONTANA | | | WV | WEST VIRGIINIA | | |
| | CO | COLORADO | | | NE | NEBRASKA | | | WI | WISCONSIN | | |
| | CT | CONNECTICUT | | | NV | NEVADA | | | WY | WYOMING | | |
| | DE | DELAWARE | | | NH | NEW HAMPSHIRE | | | AB | ALBERTA | | |
| | DC | DISTRICT OF COLUMBIA | | | NM | NEW MEXICO | | | ВС | BRISTISH COLUMBIA | | |
| | FL | FLORIDA | | | NY | NEW YORK | | | MB | MANITOBA | | |
| | GA | GEORGIA | | | NC | NORTH CAROLINA | | | NB | NEW BRUNSWICK | | |
| | ID | IDAHO | | | ND | NORTH DAKOTA | | | NL | NEWFOUNDLAND / LABRADOR | | |
| | IL | ILLINOIS | | | ОН | OHIO | | | NS | NOVA SCOTIA | | |
| | IN | INDIANA | | | OK | OKLAHOMA | | | NT | NORTHWEST TERRITORY | | |
| | IA | IOWA | | | OR | OREGON | | | ON | ONTARIO | | |
| | KS | KANSAS | | | PA | PENNSYLVANIA | | | PE PRINCE EDWARD ISLAND | | | |
| | KY | KENTUCKY | | | RI | RHODE ISLAND | | | QC | QUEBEC | | |
| | LA | LOUISIANA | | | SC | SOUTH CAROLINA | | | SK | SASKATCHEWAN | | |
| | ME | MAINE | | | SD | SOUTH DAKOTA | | | YT | YUKON | | |
| | MD | MARYLAND | | | TN | TENNESSEE | | | MX | MEXICO | | |
| IMPORTANT: HAVE YOU PREVIOUSLY REGISTERED IN IRP? | | | | | | | | | | | | |
| | MUST BE SIGNED ▶ | | | | | | | | | GRAND TOTAL MILEAGE | | |
| | | WIUST DE SIGNE | | SIGN | SIGNATURE (APPLICANT OR AUTHORIZED REPRESENTATIVE) DATE | | | ATE | | | | |
| | | n: By signing this applica y this fleet is maintained | | | | | nd | _ | AL VEHICLES REPRESENTED BY VE FLEET | | | |

MCS-IRP-2 (REV 07/14/25)

INSTRUCTIONS FOR COMPLETING MILEAGE SCHEDULE

Type of Operation - This portion of the form must be completed. Enter all applicable data.

Type of Commodity - Provide type of commodity.

Supplement Type - Place an "X" to indicate the type of supplemental application you are submitting.

- Provide month and year of expiration. **Registration Year**

- Name of the person, firm or corporation requesting apportioned registration. Name of Registrant

- Name of person to be contacted to resolve problems with application. Include phone number. **Person to Contact**

- Enter the IRP account number assigned by the New Jersey Motor Vehicle Commission. If this is your initial IRP application, leave this block **Account Number**

blank as this number will be assigned when your original application MCS-IRP-1 is filed with MVC.

- (Street, city, state and zip code) This would be where applicant has an established place of business and a telephone and will maintain and/make **Business Address**

records available for audit. Proof of address is required. This address cannot be a post office box.

- If more than one fleet is registered under the same company name, indicate which fleet number (001, 002, etc) that this application refers to. Fleet Number

US DOT# - Must provide US DOT # for you or your company.

Mailing Address - (Street, city, state and zip code) The Apportioned registration license plates and correspondence will be sent to this address.

- Must provide your Tax Identification Number or your Social Security Number. Federal TIN # or SS #

E-Mail Address - Correspondence may be forwarded to this address if applicable.

- Provide the insurance company name, policy or binder number and NAIC insurance code from your insurance card. If your number is insurance code from your insurance card. **Insurance Information**

I.D card, contact your insurance agent.

- Actual or estimated mileage in every jurisdiction you will be traveling through. (Refer to Carrier Guide). **Reporting Mileage**

Important - Important: Have you previously been registered in IRP? (Check box for yes or no)

Signature - Signature of person authorized to apply for registration

FEDERAL HEAVY VEHICLE USE TAX: - If you are required by Section 4481 of the Internal Revenue Code to pay a Heavy Vehicle Use Tax, (Vehicles registered at 55,000 lbs. and greater) registration must be accompanied by proof of payment as prescribed by the Secretary of the Treasury. Acceptable proofs of payment are:

- a. Receipted IRS Form 2290, Schedule 1 (Stamped PAID or RECEIVED by the IRS)
- b. Photocopy of the receipted IRS Form 2290, Schedule 1 (Stamped PAID or RECEIVED by the IRS)
- Photocopy of non-receipted IRS From 2290 with Schedule 1 attached along with a copy of both sides of the cancelled check showing payment of the tax.
- Photocopy of non-receipted IRS Form 2290 with the Schedule 1 attached along with a copy of original of the IRS Statement Form 4428 or 8488 that shows an installment has been made.