New Jersey Motor Vehicle Commission

P.O. Box 133
Trenton, New Jersey 08666-0133

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.

New Jersey Motor Vehicle Commission

P.O. Box 133
Trenton, New Jersey 08666-0133

STATE OF NEW JERSEY

Mikie Sherrill
Governor

Dr. Dale G. Caldwell
Lt. Governor

Rosalie Johnson
Acting Chair and Chief Administrator

September 25, 2025

NOTICE TO INTERSTATE CARRIERS CONCERNING THE REQUIREMENT OF A PHYSICAL PLACE OF BUSINESS AS DEFINED BY THE INTERNATIONAL REGISTRATION PLAN ("The Plan")

Please be advised that there are requirements defined by the Plan that a motor carrier must meet concerning their physical place of business when selecting a base jurisdiction in which to register. **Compliance with these requirements includes providing proof of address (as shown below) when opening an account, renewing a registration or changing an address.** This notice supersedes any prior instructions concerning proofs of address. If you are planning to submit printed application form, please ensure you obtain the latest version by visiting our website (NJ MVC | International Registration Plan (IRP) on or after the date of this notice.

Proof of Address

All the following Proofs of Address are required for Business located on a Commercial property:

- ❑ **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)
- ❑ **Notarized Business Property Lease Agreement** or **Utility Bill** (Water, Sewage, Electric, Gas)
- ❑ **Photo of Signage** (Legible photo of company signage and hours of operation posted at the business address)

All the following Proofs of Address are required for Business located on a Residential property in which a FEIN is used to register vehicles:

- ❑ **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)
- ❑ **Notarized Property Lease Agreement** or **Utility Bill** (Water, Sewage, Electric, Gas)
  - A utility bill can show your personal name if your name and the address on the bill match what's listed on the SS-4 form.

All the following Primary Proofs of Address are required for an address located on a Residential property in which a Social Security Number is used to register vehicles:

- ❑ **New Jersey Driver's License** (Valid and Current)
- ❑ **Notarized Property Lease Agreement** or **Utility Bill** (Water, Sewage, Electric, Gas)

One of the following Secondary Proofs of Address is <u>also</u> required for an address located on a Residential property in which a Social Security Number is used to register vehicles:

- ❑ **Federal or State Tax Returns** (that were filed from the physical address within the jurisdiction)
- ❑ **New Jersey Vehicle Title** (of the vehicle being registered)
- ❑ **Property Tax Bill**
- ❑ **Utility Bill** (Water, Sewage, Electric, Gas) (*If not used for primary proof*)
- ❑ **First Class Mail from Government Agency** (excludes mail from MVC and must be within the last six months)

NOTE:

- Lease agreements must be notarized, valid for a minimum of 12 months, cover the duration of the registration.
- SS-4 must be preprinted and cannot be the application or be handwritten in.
- All the supplied documents must match the name and the address to be accepted.
- New Jersey can request additional documentation if needed.

If you have any questions, please contact us at (609) 633-9400 option 1 or 2.

New Jersey Motor Vehicle Commission

P.O. Box 133
Trenton, New Jersey 08666-0133

STATE OF NEW JERSEY

IRP REGISTRATION CERTIFICATION

This form must be completed prior to IRP Registration

1. Is the physical structure where the business is in New Jersey owned or rented / leased?

☐ OWNED ☐ RENTED / LEASED

Proof of this address must be submitted before your application is processed.

2. Is this location open during normal business hours? (Monday - Friday 8 a.m. to 5 p.m.)

☐ YES ☐ NO

3. Does the location have any utility bills listed in the name of the fleet registered? (I.E. Water Bill, Gas Bill or Sewage Bill)

☐ YES ☐ NO

4. Is there a person or persons conducting the fleet registrant's business in the location during normal business hours?

☐ YES ☐ NO

5. Are the operational records of the fleet located at this location?

☐ YES ☐ NO

6. If not, can the operational records be made available at the New Jersey location in the event of an audit?

☐ YES ☐ NO

If no, the registrant must pay all costs of travel and per diem expenses in accordance with the IRP Agreement, Section 1035, Base Jurisdiction Audit Expenses.

I/we, the undersigned, do hereby certify, under penalty of perjury, that the statements made herein are true and correct to the best of my/our knowledge, information and belief. I/we understand that in the event the established place of business is proven to be outside the State of New Jersey, the registrant will be suspended and the registration and document fees will not be refunded.

_____ _____

Name of Company Print Name of Registrant

_____ _____

Signature of Registrant Date

EQUIPMENT REGISTRATION FORM (Instructions On Back Of Form)

NEW JERSEY MOTOR VEHICLE COMMISSION
MOTOR CARRIER SERVICES - IRP SECTION
120 S. STOCKTON STREET, P.O. BOX 133
TRENTON, NEW JERSEY 08666-0133
PHONE: (609)633-9400 | FAX: (609) 633-9394
EMAIL: mcscustomerservice@mvc.nj.gov

PLEASE CHECK ONE:

- ☐ ORIGINAL
- ☐ RENEWAL
- ☐ SUPPLEMENT

SUPPLEMENTAL TYPE - VEHICLE:

- ☐ ADDITION
- ☐ TRANSFER
- ☐ CHANGE WEIGHTS
- ☐ DUPLICATE CAB CARDS
- ☐ ADDRESS CHANGE
- ☐ DELETION*
- ☐ REPLACEMENT PLATES
- ☐ CORRECTION
- ☐ TOW TRUCK STICKERS

TYPE AND REGISTRATION CODE

TYPE	CODE	TYPE	CODE
TK – TRUCK (SINGLE)	11	HD – HEAVY DUTY TOW TRUCK	33
TT – TRUCK TRACTOR	11	LD – LIGHT DUTY TOW TRUCK	32
SW – SOLID WASTE VEHICLE	39	AG – COMMERCIAL AGGREGATE	16
CV – CONSTRUCTOR VEHICLE	41	BS – BUS	54

PAGE OF

REGISTRATION YEAR	NAME OF REGISTRANT	REGISTRANT PHONE ( )
PERSON TO CONTACT:		TELEPHONE NUMBER ( )
ACCOUNT NUMBER	BUSINESS ADDRESS WHERE FLEET IS BASED (PROOF REQUIRED)	FAX NUMBER ( )
FLEET NUMBER	CITY, STATE, ZIP CODE	
U.S. DOT NUMBER	MAILING ADDRESS FOR BILLS, CAB CARDS, PLATES	
FEDERAL TIN # OR SSN #	CITY, STATE, ZIP CODE	
E-MAIL ADDRESS		

EQUIPMENT ADDITION SECTION

EQUIPMENT NUMBER:		
MODEL YEAR & MAKE:		
VIN#		
NAME OF OWNER:		
VEHICLE TYPE:	FUEL TYPE:	AXLES:
COMBINED GROSS WEIGHT:		
BUSES ONLY # OF SEATS:	LUGGAGE COMPARTMENT? ☐ YES ☐ NO	
REGISTRATION CODE:	UNLADEN WEIGHT:	
LATEST PURCHASE PRICE:	FACTORY PRICE:	
DATE OF PURCHASE:		
IS DESIGNATED CARRIER RESPONSIBLE FOR SAFETY EXPECTED TO CHANGE DURING THE REGISTRATION PERIOD? ☐ YES ☐ NO		
CURRENT PLATE NUMBER:	EXPIRATION MONTH:	
U.S. DOT NUMBER RESPONSIBLE FOR SAFETY:		
FEDERAL TIN # RESPONSIBLE FOR SAFETY:		

EQUIPMENT ADDITION SECTION

EQUIPMENT NUMBER:		
MODEL YEAR & MAKE:		
VIN#		
NAME OF OWNER:		
VEHICLE TYPE:	FUEL TYPE:	AXLES:
COMBINED GROSS WEIGHT		
BUSES ONLY # OF SEATS:	LUGGAGE COMPARTMENT? ☐ YES ☐ NO	
REGISTRATION CODE:	UNLADEN WEIGHT:	
LATEST PURCHASE PRICE:	FACTORY PRICE:	
DATE OF PURCHASE:		
IS DESIGNATED CARRIER RESPONSIBLE FOR SAFETY EXPECTED TO CHANGE DURING THE REGISTRATION PERIOD? ☐ YES ☐ NO		
CURRENT PLATE NUMBER:	EXPIRATION MONTH:	
U.S. DOT NUMBER RESPONSIBLE FOR SAFETY:		
FEDERAL TIN # RESPONSIBLE FOR SAFETY:		

EQUIPMENT DELETION OR TRANSFER SECTION

EQUIPMENT NUMBER:
MODEL YEAR & MAKE:
VEHICLE IDENTIFICATION NUMBER:
PLATE NUMBER:
COMBINED GROSS WEIGHT
REASON REMOVED:

EQUIPMENT DELETION OR TRANSFER SECTION

EQUIPMENT NUMBER:
MODEL YEAR & MAKE::
VEHICLE IDENTIFICATION NUMBER:
PLATE NUMBER:
COMBINED GROSS WEIGHT
REASON REMOVED:

JURISDICTIONAL WEIGHTS

WHEN THE WEIGHT IS GREATER THAN YOUR GROSS VEHICLE WEIGHT IN ANY JURISDICTION LIST BELOW

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

NAME OF INSURANCE COMPANY AS SHOWN ON POLICY

NAIC INSURANCE CODE NUMBER

POLICY OR BINDER NUMBER

Insurance: I certify under penalty of law that the vehicle(s) noted on the face hereof is covered by at least the minimum amount of insurance required by New Jersey insurance laws, and that this vehicle will be continuously insured throughout its registration period. This certification may be used for insurance verification purposes.

Certification: By signing this application I certify knowledge of the Federal and State motor carrier safety laws and further certify this fleet is maintained in compliance with the New Jersey Inspection / Maintenance Program.

SIGNATURE (APPLICANT OR AUTHORIZED REPRESENTATIVE) DATE

INSTRUCTIONS FOR COMPLETING THE EQUIPMENT REGISTRATION FORM

REGISTRANT/FLEET INFORMATION

Registration Year - Provide month and year of expiration.

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.

Business Address - (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.**

Fleet Number - 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?

Current Plate # - 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

MILEAGE SCHEDULE (Instructions On Back Of Form)

NEW JERSEY MOTOR VEHICLE COMMISSION
MOTOR CARRIER SERVICES - IRP SECTION
PHONE: (609) 633-9400 | FAX: (609) 633-9394
EMAIL: mcscustomerservice@mvc.nj.gov

TYPE OF OPERATION:
☐ PRIVATE CARRIER ☐ RENTAL
☐ HAUL FOR HIRE ☐ BUS
☐ HOUSEHOLD GOODS MOVER

TYPE OF COMMODITY:
☐ ALL ☐ LOGS ☐ GRAVEL
☐ PASSSENGERS
OTHER _____

SUPPLEMENTAL TYPE
☐ ORIGINAL
☐ RENEWAL

REGISTRATION YEAR	NAME OF REGISTRANT	REGISTRANT PHONE ( )
PERSON TO CONTACT:		TELEPHONE NUMBER ( )
ACCOUNT NUMBER	BUSINESS ADDRESS WHERE FLEET IS BASED (PROOF REQUIRED)	FAX NUMBER ( )
FLEET NUMBER	CITY, STATE, ZIP CODE	
U.S. DOT NUMBER	MAILING ADDRESS FOR BILLS, CAB CARDS, PLATES	
FEDERAL TIN # OR SSN #	CITY, STATE, ZIP CODE	
E-MAIL ADDRESS		

Insurance: I certify under penalty of law that the vehicle(s) noted on the face hereof is covered by at least the minimum amount of insurance required by New Jersey insurance laws, and that this vehicle will be continuously insured throughout its registration period. This certification may be used for insurance verification purposes.

NAME OF INSURANCE COMPANY AS SHOWN ON POLICY

NAIC INSURANCE CODE NUMBER

POLICY OR BINDER NUMBER

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			BC	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			OH	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?
☐ YES – GIVE ACTUAL MILES
☐ NO -- USE CHART ESTIMATED MILES

GRAND TOTAL MILEAGE

MUST BE SIGNED ►

_____ _____
SIGNATURE (APPLICANT OR AUTHORIZED REPRESENTATIVE) DATE

Certification: By signing this application, I certify knowledge of the Federal and State motor carrier safety laws and further certify this fleet is maintained in compliance with the New Jersey Inspection / Maintenance Program.

TOTAL VEHICLES REPRESENTED BY ABOVE FLEET

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.

Registration Year - Provide month and year of expiration.

Name of Registrant - Name of the 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 MCS-IRP-1 is filed with MVC.

Business Address - (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.**

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

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.

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.

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

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)**
c. 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.
d. 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.