



LOUISIANA DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONS

OFFICE OF MOTOR VEHICLES

INTERNATIONAL REGISTRATION PLAN

P.O. BOX 64848, BATON ROUGE, LA 70896-4848

225.925.7022/irpdocuments@la.gov

LA IRP Application

LA Account #	Fleet #	Supp. #	Exp. Date	Registrant USDOT #	Type of Transaction	Type of Operation
Name of Registrant / Motor Carrier				Registrant's Federal ID # (FEIN)	<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Plate Transfer <input type="checkbox"/> Add Vehicle <input type="checkbox"/> Delete Vehicle <input type="checkbox"/> Change Information <input type="checkbox"/> Weight Decrease <input type="checkbox"/> Weight Increase <input type="checkbox"/> Fleet to Fleet Fleet _____ to Fleet _____	<input type="checkbox"/> Private Carrier (PC) <input type="checkbox"/> Haul for Hire (HH) <input type="checkbox"/> Rental Company (RC) <input type="checkbox"/> Household Goods Mover (HC) <input type="checkbox"/> Exempt Commodities (EX) Type: _____
DBA (if any)						
LA Business Address		LA Business Telephone #	Ext. #	Registrant's SSN # (if FEIN above is incomplete)		
City	State	Zip Code				
Mailing Address		Parish		Notarized Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Check this box if carrier has intrastate Authority in Wyoming.
City	State	Zip Code				
Contact Person	Contact Phone #	Ext. #		Replacement Credentials <input type="checkbox"/> Plate <input type="checkbox"/> Cab Card		
Are you an Owner Operator leased on to a motor carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, a photocopy of your lease agreement is required.				Email Address		
Please refer to the Louisiana IRP Manual to complete the application. Website: www.LA-Trucks-Online.org						
Units listed will be authorized to operate in the jurisdictions and at the weights registered on the following pages.						
Weights will be printed on the cab cards for all units listed on the following pages.						
I have verified all information on application to be true and correct to the best of my knowledge:						
I hereby declare knowledge of the Federal Motor Carrier Safety Regulations (49 CFR parts 383-383, 385-387, and 390-399) and if applicable, including highway related portions of the Federal Hazardous Materials Regulations (49 CFR parts 100-185) or compatible state rules, regulations, standard and orders applicable to Motor Carrier Safety, including highway transportation of hazardous materials. The undersigned, under oath swears under penalty of perjury that the information furnished in this application and the attached schedules are true and correct, and that liability security required by law will be maintained on all vehicles listed on this application.						
Signature		Print Name			Date	

LA Account #	Fleet #	Supp. #	Unit #(s)
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Vehicle Information

New / Renewal	All fields are required. Application will be returned if information is missing.											
	CO Miles <input type="checkbox"/> Yes <input type="checkbox"/> No	Unit Number	Name of Owner	Lease Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Lessee (if vehicle is leased)			Purchase Price	Factory Price	Date of Purchase	Safety <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Vehicle Identification #		Year	Vehicle Make	Vehicle Type	Axles	Combined Axles	Fuel Type	Unladen Weight	Combined or Gross Vehicle Weight	Bus Seats	
	Title Number	Power of Attorney <input type="checkbox"/> Yes <input type="checkbox"/> No	Motor Carrier USDOT #	Motor Carrier FEIN#	2290 <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of Carrier Leased Onto		Current Plate #	Expiration Date		

Delete Vehicle	All fields are required. Application will be returned if information is missing.										
	Unit #	Vehicle Identification #			Year	Vehicle Make	Combined or Gross Vehicle Weight		Plate # Transferred		

Footnotes:

- For fleets that apportion to Colorado: Enter an "N" if the vehicle travels 10,000 miles or less nationally in a year. If the vehicle travels more than 10,000 miles nationally, no notation is required.
- Axles – Number of axles on power unit only
- Comb Axles – Combined number of axles of power unit and trailer(s)
- Bus Seats – Enter total amount of bus seats
- Enter the USDOT number of the motor carrier responsible for the safety of the vehicle, if different than the registrant USDOT number.
- Enter the FEIN number of the motor carrier responsible for the safety of the vehicle, if different than the registrant FEIN number.
- Y (Yes) or N (No) – Is the responsibility of the safety of the vehicle going to change for the registration year?

Vehicle Types	BS – Bus	TR – Tractor	TK – Straight Truck	TT – Truck Tractor	WR – Wrecker	RT – Road Tractor / Mobile Home Toter
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Fuel Types	CNG – Compressed Natural Gas	D – Diesel	E – Electric	G – Gas
	LNG – Liquefied Natural Gas	O – Other	P - Propane	HE – Hybrid Electric

LA Account #	Fleet #	Supp. #	Unit #(s)
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Directions – Complete the Jurisdiction chart using the Instructions for Completing IRP Application for page 3. Please use Average Per Vehicle Distance Totals if no actual distance was accrued during the current reporting period. Shaded jurisdiction distances are not required.

Weight and Distance Information By Jurisdiction

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

LA IRP OFFICE USE ONLY

Reviewed By	Keyed By	Number of Regular Months	Invoice Verified By	Credentials Mailed By
Date	Date		Date	Date

Instructions for Completing IRP Application

Page 1	
Account Number	(Carrier Number) Enter the 5-digit number assigned by the IRP processing center to the account. Enter "NEW" if the carrier does not yet have an IRP account number.
Fleet number	If new you can leave space blank. Supplemental number: Leave blank.
Name of Registrant / Motor Carrier	Enter the name of the person, firm or corporation in which the vehicles are to be registered.
DBA (if any)	Enter the name that the registrant is Doing Business As. (if applicable)
LA Business Address	Enter the business location address. Address must be in Louisiana and cannot be a post office box.
LA Business Telephone	Enter the Louisiana telephone number where the contact person can be reached. This may be a cellular number. Ext: (if applicable)
Registrant USDOT Number	Enter the Registrant USDOT Number.
Registrant/Motor Carrier's Federal Employee Identification Number (FEIN)	Enter the Registrant/Motor Carrier's FEIN. This can be found on the Heavy Vehicle Use Tax Schedule 1 (Form 2290)
Registrant's Social Security Number (SSN)	If the registrant does not have a Federal Employee Identification Number (FEIN), enter his/her social security number.
Notarized Power of Attorney	Check Yes or No.
Mailing Address	Enter the mailing address for all correspondence and credential mailings. Post office boxes and out-of-state addresses are acceptable.
Contact Person	Enter the name of the person to contact concerning the application. (Owner of vehicle or Officer of company for example)
Contact Telephone Number	Enter the telephone number where the contact can be reached. The Louisiana telephone number must be included if an out-of-state or 800 number is provided. Ext: (if applicable)
Email Address	
Are you an owner operator leased to a motor carrier?	If yes, provide a photocopy of the lease agreement.
Type of Transaction	Indicate the reason for submitting the application.
Type of Operation	Check the appropriate box as described below.
Private Carrier	Hauls only the registrant's own products.
Haul for Hire	Is paid to haul freight and/or passengers.
Rental Company	Rents vehicles or fleets without drivers.
Household Goods Mover	Hauls only personal household items.
Exempt	Hauls only commodities that are exempt from regulation by the LA DOTD.

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Check this box if carrier has intrastate authority in WY – Y	
Signature of the Owner	The application must be signed in ink.
Print Name	The application must be printed in ink.
Date	Enter the date the application is signed.
Acknowledgement of Federal Motor Carrier Safety Regulations	Sign, print, and date in ink.

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Transaction Type	If the fleet apportions to Colorado enter "N" if the vehicle travels 10,000 miles or less nationally in a year. If the vehicle travels over 10,000 miles nationally, no notation is required.
Unit Number	Enter the number used to identify the vehicle.
Vehicle Identification Number (VIN)	Enter the complete serial number as it appears on the registration/title.
Year	Enter the last two digits of the model year of the vehicle.
Make of Vehicle	Enter the make of the vehicle as it appears on the registration/title.
Vehicle Type	Enter the abbreviation for the type of vehicle being registered from the list below.
TR	Tractor
BS	Bus
TK	Straight Truck
WR	Wrecker
TT	Truck Tractor
RT	Road Tractor (mobile home toter)
Axles	Enter the number of axles on the power unit alone.
Comb Axles	Enter the total number of axles including the number of power unit axles and trailer axles.
Fuel	Enter the abbreviation for the type of fuel used by the vehicle from the list below.
CNG	Compressed Natural Gas
D	Diesel
E	Electric
G	Gas
HE	Hybrid Electric
HP	Hybrid Plug-In
LNG	Liquefied Natural Gas

Page 2 (Cont.)

O	Other
P	Propane
Unladen Weight	Enter the empty weight of the truck, tractor, or bus.
Combined or Gross Weight	Enter the declared maximum combined or gross weight of the vehicle fully loaded. Note: For buses determine the GVW by multiplying the number of passengers by 150 pounds plus the unladen weight of the bus.
Purchase Price	Enter the purchase price of the vehicle (round to the nearest dollar). Do not include sales tax. If the vehicle was a gift or the purchase price is unknown, use the fair market value. Do not enter \$0 or gift.
Factory Price	Enter the manufacturer's list price when the vehicle was new. If this amount is unavailable use the purchase price
Date of Purchase	Enter the month, day, and year the vehicle was purchased.
Name of Owner	Enter the owner name as it appears on the registration/title.
Name of Lessee	Enter the name of the lessee as it appears on the registration/title. (if vehicle is leased)
Bus HP (Horse Power)	Enter the rated capacity of the engine.
Bus Seats	Enter the total number of seats
Motor Carrier USDOT Number	Enter the USDOT number of the motor carrier responsible for safety of the vehicle.
Motor Carrier Federal Identification Number (FEIN)	Enter the FEIN of the motor carrier responsible for safety of the vehicle.
Name of the Motor Carrier leased onto	Enter the name of the motor carrier responsible for safety of the vehicle.
Safety Y/N	Enter "N" if the responsibility for the safety of this vehicle will remain the same during the entire registration year. Enter "Y" if the responsibility for the safety of the vehicle may change during the registration year.
Current Plate Number	If you are adding a new vehicle or creating a new account leave blank. If you are doing an add/delete transaction enter the plate number from the deleted unit you are to receive credit from.
Expiration Date	Enter the expiration date of the plate.
Delete Vehicle / Plate Transfer	Enter information here only if you are deleting a vehicle or doing a plate transfer.
Unit Number	Enter the unit number of the vehicle being deleted or the unit number of the vehicle previously deleted that is being used for plate transfer credit.
Vehicle Identification Number (VIN)	Enter the VIN number of the vehicle being deleted or that has previously been deleted.
Year	Enter the year of the vehicle being deleted or that has been previously been deleted.
Make of Vehicle	Enter the make of the vehicle being deleted or that has already been deleted.
Combined or Gross Vehicle Weight	Enter the gross vehicle weight of the vehicle deleted.
Plate Number # Transferred	Enter in the current plate number of the vehicle being deleted or the plate number of vehicle previously deleted that is being used for a plate transfer.

Please follow the instructions closely when completing this section. It is important from an audit standpoint that the mileage be recorded accurately.

Distance	List actual distance accrued in each jurisdiction in which this fleet traveled during the reporting period July 1 through June 30 of the year preceding the license year. If no actual distance was accrued, please use Average Per Vehicle Distance total page.
Weight	Provide the weight of vehicle(s) being apportioned next to the distance box. In the upper right-hand corner list, the unit number(s) with the associated weight(s) being registered. If there is a 10% variance of weight a letter of explanation must be provided.