

**NEW OPERATION SCHEDULE B
Wisconsin IRP Application**

Submit to: Wisconsin Department of Transportation – IRP Unit
PO Box 7955 Madison WI 53707-7955
Physical Address: 4802 Sheboygan Ave RM 151 Madison WI 53705
(608) 266-9900

MV2854 11/2010

Account No. WI	Fleet No.	Operation Start Date	Federal Employer ID No / WI IFTA	US DOT Number	Registrant Area Code – Telephone Number	Operation Type <input type="checkbox"/> Private <input type="checkbox"/> For Hire Authority No. _____ <input type="checkbox"/> Household Good <input type="checkbox"/> Rental Company <input type="checkbox"/> Owner/Operator – Lessee Name State: _____ Federal Employer ID Number _____ Business Type <input type="checkbox"/> Sole Owner <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> LLP	
Registrant Name					Registrant Area Code - Fax Number		
Street Address			City	State	Zip Code		Contact Person - Regarding Application
Billing Address			City	State	Zip Code		Contact Person Area Code – Telephone Number
Have you ever had IRP registration? <input type="checkbox"/> No <input type="checkbox"/> Yes		Vehicle Previously Registered <input type="checkbox"/> WI Base Plate <input type="checkbox"/> WI IRP Plate <input type="checkbox"/> Just Purchased		Fuel Tax is required – Are you responsible for filing your Fuel Tax Reports? <input type="checkbox"/> YES <input type="checkbox"/> NO, Give Name _____ and Company FEIN _____ Provide a copy of the Lease Verification Form			
Place an X in the box to the left of each jurisdiction where you will be operating your vehicle(s). Shaded boxes are not IRP jurisdictions. <input type="checkbox"/> I am providing Wisconsin my own estimated mileage. Justification attached. <input type="checkbox"/> I am accepting Wisconsin's estimated mileage chart. <input type="checkbox"/> I am providing Actual Miles accrued from _____ (name of company) for period of _____ to _____. <input type="checkbox"/> If your scope of operation has changed use estimated miles. You must provide a written statement explaining the change.							

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

Area Below for DOT Use Only

Clearinghouse IRP _____
 Clearinghouse IFTA _____
 Lease Verification _____
 Vehicle History _____
 SAFER _____
 CVIEW _____
 CATS _____
 RATS _____
 DHAS _____
 CORP _____
 UCR _____
 IRP _____
 IFTA _____

Application Billed
Date and Initials _____

**DOT USE ONLY
BAR CODE LABEL GOES HERE**

I certify under penalty of perjury that the information furnished on this application and the attached schedules, if applicable, is true and correct, and that I have knowledge of the applicable Federal and State safety regulations and equipment requirements for the operation of commercial motor vehicles.

X _____
 (Registrant Signature) (Date)

Under Wisconsin's Open Records Law, the Department may make non-confidential motor vehicle information available to companies and others who use the data for business purposes. If your IRP registration is in your personal name and you want your name and address withheld from such companies/groups, please obtain form MV3592, Request to Withhold Name and Address. If you have questions about this option, call 608-266-1466.

