

Louisiana IRP Application

LA ACCOUNT #	FLEET #	SUPP #	Exp Date	Please Type or Print With Ink	TYPE OF TRANSACTION	TYPE OF OPERATION
NAME OF REGISTRANT/MOTOR CARRIER				LOUISIANA IRP P.O. BOX 64848 BATON ROUGE, LA 70896 Phone: 225.925.7022	<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Add Fleet <input type="checkbox"/> Add/Delete Vehicle <input type="checkbox"/> Change Information <input type="checkbox"/> Weight Increase /Decrease <input type="checkbox"/> Conversion Reinstatement <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 _____ <input type="checkbox"/> Check this box if this carrier has intrastate Authority in Wyoming.
DBA (if any)						
LA BUSINESS ADDRESS		LA BUSINESS TELEPHONE # EXT#				
CITY	LA	ZIP CODE		Registrant's Federal Employee ID # (FEIN)		
MAILING ADDRESS		PARISH				
CITY	STATE	ZIP CODE		Registrant's Social Security Number (SSN)		
CONTACT PERSON						
CONTACT TELEPHONE # EXT#				Registrant US DOT #	PLATE CAB CARD	
TELEPHONE # (if different than LA Business #) EXT#		FAX #			New Account Fleet Operated Date	
E-mail address					First	
Are you an Owner Operator leased on to a motor carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, you must provide a photocopy of your lease agreement!</i>				MCS 150 Forms Required Y/N	Notarized Power of Attorney Y/N	
Please refer to Louisiana IRP Manual to complete 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)#		
DISTANCE AND WEIGHT SCHEDULE					

Distance - List distance accrued in each jurisdiction in which this fleet traveled during the period July 1 through June 30 of the year preceding the license year for which you are applying.

Please use Average Per Vehicle Distance Totals if no actual distance was accrued during the current reporting period.

Weight- Unit(s) listed on this application will be authorized to operate in the IRP jurisdictions and at the weight listed below. Any unit that has a different weight, must submit a separate weight group page.

You must provide a letter of explanation if there is a 10% weight variance.

WEIGHT AND DISTANCE INFORMATION BY JURISDICTION

	Jurisdiction		Distance	Weight		Jurisdiction		Distance	Weight		Jurisdiction		Distance	Weight
	LA Louisiana					MI Michigan					TX Texas			
	AL Alabama					MN Minnesota					UT Utah			
	AK Alaska					MO Missouri					VA Virginia			
	AR Arkansas					MS Mississippi					VT Vermont			
	AZ Arizona					MT Montana					WA Washington			
	CA California					NC North Carolina					WI Wisconsin			
	CO Colorado					ND North Dakota					WV West Virginia			

CT Connecticut				NE Nebraska				WY Wyoming			
DC District of Columbia				NH New Hampshire				AB Alberta			
DE Delaware				NJ New Jersey				BC British Columbia			
FL Florida				NM New Mexico				MB Manitoba			
GA Georgia				NV Nevada				NB New Brunswick			
IA Iowa				NY New York				NL Newfoundland			
ID Idaho				OH Ohio				NS Nova Scotia			
IL Illinois				OK Oklahoma				NT Northwest Terr.			
IN Indiana				OR Oregon				ON Ontario			
KS Kansas				PA Pennsylvania				PE Prince Edward Is.			
KY Kentucky				RI Rhode Island				QC Quebec			
MA Massachusetts				SC South Carolina				SK Saskatchewan			
MD Maryland				SD South Dakota				YT Yukon			
ME Maine				TN Tennessee				MX Mexico			

TOTAL MILES:

OFFICIAL LA IRP PROCESSING CENTER USE ONLY

Application Received:	Reviewed by:	Keyed by:	NUMBER OF REG MONTHS	Invoice Verified by:	Credentials Mailed by:
Office Location:	Date:	Date:		Date:	Date:

Instructions for Completing IRP Application

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- **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:** Enter the 2-digit fleet number. **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/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 Form 2290 Schedule 1.
- **Registrant’s Social Security Number (SSN):** If the registrant does not have a Federal Employee Identification Number (FEIN), enter his/her social security number.
- **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. If an out-of-state or 800 number is provided you must include the Louisiana number. **Ext:** (if applicable)
- **Fax Number:** Enter the business fax number. **Email Address:** (if applicable)
- **Are you an owner operator leased to a motor carrier?** If yes, you must 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. **Check this box if this carrier has intrastate in WY:** Y/N
- **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. **Buses:** Enter the total number of seats.
- **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
- **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.
- **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:** Enter information here only if you are deleting a vehicle, or doing an add/delete transaction.
- **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 add/delete 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.
- **Current Plate Number:** Enter in the current plate number of the vehicle being deleted or the plate number of vehicle previously deleted that is being used for add/delete vehicle.

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- 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.
- You must provide a letter of explanation if there is a 10% variance in weight.