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(1) Carrier Account N	o:	Brunswic	k NOVAS	OTIA		INTERN	VAT	IONAL REGIS	TRATI	ON PLA	4 <i>N</i>	Edwa •◆ Isl	ird and	NEWPOLINILAND
Prov Carrier No.	Fleet	YY Supp	(2) Reg	gistrant name			IRP(2	2) - VEHICLE INFO	RMATIC	ON		<u> </u>	24	
							•	•					PAGE OF	=
	ove) will be author for more vehicles	orized to operate in the swithin the same weig diction.	jurisdictions and a		sted below. Use		PRINT	OR TYPE						
NOTE: If weight varie	es 10% in juri sdict	ions, please explain				V	ehicle T rans	saction Type Code (TRANS CD)		Vehicle Types (VEH TY	/PE)		Fuel Type	
						A' D	V - Add Vehi V - Delete V IF - Non Fee	icle AR - Add Vehicle using C redit /ehicle DR - Delete Vehicle using C red	fit	TK - Truck TR - Tractor FT - Full Trailer	TT- Tr uckTr actor RT - Road Tr actor ST - Semi Trailer	BS - Bus CG - Converter Gear	D - Diesel G - Gasoline	P - Propane O - Other
				TD AND OD	LINITALIMADED	OURDENITE #	DD OV	NEW DIATE	L MAKE INOR	EI	EUE VEU TOE	VELUOLE IDENTER	OATION NUMBER	
				1 IRANS CD	. UNITNUMBER	CURRENT PLATE #	PROV	NEW PLATE # YEAR	MAKE MOD	EL COLOUR CYL	FUEL VEH TYPE	VEHICLE IDENTIFIC	CATION NUMBER	
CANADA	(KGS)	UNITED STATES	( LBS)	BUS SEATS	WHEEL BASE( m		AXLES	IN SURANCE POLICY NUMBER	INSURE	R'S NAME	+		EXPIRY D	PATE
BC		MD		LECCOD /DI	ROKER NAME	(kg)	Д,	LESSOR/BROKER AD DRESS						
AB		MA		LESSOR/BI	ROKER NAME			LESSOR/BROKER AD DRESS						
SK		MI			LEASE AMT. LE	ASE START DATE		LEASE END DATE	OWNED VEH	DATE OF PURCHAS	E OWNED VEHICLE P	URCHASE PRICE	TR ADE IN VAI	LUE
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QC (axles)		МО		TRANSCD	. UNITNUMBER	CURRENT PLATE #	PROV	NEW PLATE # YEAR	MAKE MOD	EL COLOUR CYL	FUEL VEH TYPE	VEHICLE IDENTIFIC	CATION NUMBER	
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AR		ок		LESSOR/BI	ROKER NAME	+		LESSOR/BROKER AD DRESS						
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WI WY

SIGNATURE OF APPLICANT

APPLICANT NAME (PLEASE PRINT)

DATE

The following instructions are intended to provide general directions on completion of your application. Please review carefully prior to submitting your forms. Print or type all information entered on the application form. If you have any questions contact the IRP office in your area. Further information is provided in the IRP Carrier Manual.

1. Carrier Account Number

1.	Carrier Account	Number											
					Prov	Enter the 2 digit Postal Code Abbreviation for the jurisdiction in which you are based.  NB - New Brunswick; NS - Nova Scotia; PE -Prince Edward Island; NF - Newfoundland							
					Carrier No	The five (5)	The five (5) digit account number assigned to you by the IRP office. If you are a new carrier, leave this space blank						
					Fleet	The two (2)	ligit Fleet number	ber					
					Fleet year	The last two is 02.	The last two (2) digits of the year in which the fleet expires. For example if your fleet expires March 31,2002 the year is 02.						
	Supp				Supp	The three (3) digit supplement number for the application. A first transaction or fleet renewal in IRP is supplement 00. If you do not know the supplement number leave this space blank.							
2.	Registrant name			Enter t	he name of the person, com	ompany or corporation in which the fleet is to be registered.							
3.	Weight Group N	umber				her to classify groupings of vehicles that operate with the same gross vehicle weights within the same jurisdictions. The application allows for 4 vehicles per page. You do not have to enter the per vehicles that are within the same weight group. Enter the weight group number and list additional vehicle information. Start with group 1,2,3, etc.							
4.	Weight Variance	s			nits the registered weight to d explanation in the space p	o not vary by more than 10% between the highest and lowest weights requested for jurisdictions. If the weight varies more than 10% within Canada or 10% within the US, you must provide a provided.							
5.	Vehicle Weights	Vehicle Weights  List Canadian jurisdictions weights in kilograms (for Quebec the number of axles) and US weight in pounds for the jurisdictions for which travel is intended.											
Vehicle Information:													
TRANS CD		AV DV	Add Vehicle Delete Vehicle	Delete vehicle withou	and add vehicle to fleet t replacement in same	UNIT NUMBER	Carrier Assigned Unit Number for vehicle within fleet	CURRENT PLATE #	Plate number currently on vehicle				
			Non Fee Related	supplement Change vehicle information that does not generate fees such as unit number, correction									
			Add Vehicle (Credit)	on serial number Add vehicle using cre- in same supplement	dit from deleted vehicle								
		DR Delete Vehicle (Credit)			redit on fees for another upplement								
PROV	PROV		rovincial code in which	vehicle is registered		NEW PLATE #	Leave Blank. For Office Use Only	YEAR	Year of vehicle				
MAKI	MAKE		t six (6) digits of make.			MODEL	Up to first six (6) digits of model of vehicle	COLOUR	Primary COLOUR of vehicle				
CYL		Number o	of cylinders			FUEL	Fuel Type as listed by code on vehicle information form. <b>VEH TYPE</b>		The type of vehicle as per Vehicle Types listed on form.				
	CLE DIFICATION BER (VIN)	Complete	VIN (serial number) of	vehicle being registered	1.	BUS SEATS / WHEEL BASE	Maximum number of passengers that can be transported wheel base in meters	TARE WEIGHT	Empty weight of power unit				
AXLE	S	Number o	of axles on power unit			INSURANCE POLICY NUMBER	Policy Number issued by insurance company	INSURER'S NAME	Name of Insurance Company				
EXPIR	RY DATE	Expiry da	te of insurance policy in	DD/MM/YYYY forma	at	LESSOR/BROKER NAME AND ADDRESS	Complete name and address of lessor or broker	MONTHLY LEASE AMT	Lease amount per month in Canadian funds				
LEASI DATE	E START/END	Starting and Ending dates of lease in DD/MM/YYYY format				OWNED VEHICLE DATE OF PURCHASE	Date vehicle purchased in DD/MM/YYYY format	OWNED VEHICLE PURCHASE PRICE	Purchase price of Vehicle in Canadian funds, including accessories, service and finance charges.				

TRADE IN VALUE Value of Trade in on previous vehicle in Canadian \$.

Signed and dated by contact person.

Signature