



INSTRUCTIONS FOR COMPLETING SCHEDULE C

TYPE OF APPLICATION: Mark all the box(es) in the upper left of the form that are relevant to the application.

IRP ACCOUNT #: When applying for a New Carrier or Fleet IRP account, enter "New". When applying for any other type of activity, enter the previously assigned account number.

FLEET #: Enter Fleet number.

EFFECTIVE DATE OF IRP OPERATION: Enter the date (month/day/year) that interstate operation of the vehicle(s) began or the date that new jurisdictions of travel are needed or weight changes occur. Penalties may be due for original applications or vehicle additions when fees are paid more than 20 days after the effective date or for renewals submitted with fees after their expiration date. Refer to the California IRP Handbook for penalty information.

APPLICATION YEAR(S): If you add a vehicle to your fleet 60 days prior to your fleet expiration date, you must mark the box labeled "Current and Subsequent Year" and deposit IRP fees for both years. Two separate Schedule B mileage reports must be submitted with the application and each must be clearly marked to indicate the license year of the mileage report.

FULL REGISTRANT NAME: Enter the full IRP registrant name as it appears on an accompanying Schedule A or as previously reported to DMV.

USDOT NUMBER: Enter your USDOT Number. If you are a Mexico based carrier and are authorized to operate beyond the United States municipalities and commercial zones, mark the box below "Mexico".

TIN NUMBER: (FEIN or SSN) or RFC (Mexico): Enter either the registrant's Federal Employer Identification Number (FEIN) or Social Security Number (SSN). Mexico Motor Carriers enter either the *Registro Federal de Causantes* for an individual or *Registro Federal de Contribuyentes* for a company (RFC).

DMV OCCUPATIONAL LICENSE NUMBER: If the application has been prepared by an authorized Registration Service Agent the DMV assigned Occupational License Number and expiration date of the agent must be reported in this space.

DECLARED JURISDICTIONAL WEIGHTS: If the vehicle(s) listed will be operated in all jurisdictions of travel at 80,000 lbs. G/CGVW, mark the box labeled "80,000 lbs. All Jurisdictions" and make no other entries. If the vehicle(s) will travel at 80,000 G/CGVW in all jurisdictions with an exception weight in one or more jurisdictions, mark the box indicating "80,000 lbs. all jurisdictions except as shown below" and enter the exception weights in the appropriate state box(es). If all vehicles will operate with an identical custom weight value, mark the third box that states "Identical weights for all vehicles listed as shown below except vehicles indicated in Column 1 and entered on the reverse of the form." Show the common weight on the front and if any vehicles will deviate from the common weight mark the box in column 1 and enter the equipment number and deviation weights on the reverse of the form.

- WGT EXCEPT:** Mark this box next to any vehicle that requires custom operating weight values from those entered in the declared jurisdictional weight section and enter the equipment number and custom weight on the reverse of the form.
- ACTION A=ADD D=DELETE:** Enter an "A" for vehicles being added and complete all columns. Enter a "D" for vehicles being deleted or when applying for replacement plates, stickers, or cab cards. If only deleting a vehicle, complete columns 2, 5, 6, 7, 8, 9, and 10. If deleting with replacement credit, complete columns 2, 3, 5, 7, 8, 9, and 10. When deleting and adding vehicles concurrently and weight fee credits are requested, list the deleted vehicle first and the added vehicle below it. Important: The license plates, stickers, and cab cards must be surrendered with the application when reporting vehicle deletions. Weight fee credits will not be allowed unless all deleted vehicle credentials are surrendered with the application.
- REPLACEMENT EQUIPMENT #:** When requesting replacement vehicle weight fee credits, enter the equipment number of the added vehicle in this column. The added vehicle must be listed below the deleted vehicle it replaces.
- PRIOR JURIS:** If the vehicle was last registered in a foreign jurisdiction, enter the abbreviation for that foreign jurisdiction.
- PRIOR LICENSE PLATE NO:** If the listed vehicle was previously registered in California or any other jurisdiction indicate the prior license plate number.

6. **EQUIP. NO:** Enter your assigned vehicle equipment number. Equipment numbers must be seven numeric and alphabetic digits or less. Slashes (/), dashes (-), or any other non-numeric/alpha characters cannot be recorded.
7. **MAKE:** Enter the make of the vehicle. Use the following common make abbreviations or enter the full make name. CHEV, FORD, FRHT (Freightliner), GMC, INTL (International), KENWO (Kenworth), MACK, PTRB (Peterbuilt), VOLV, WHIT.
8. **FULL VEHICLE IDENTIFICATION NUMBER:** Enter the full Vehicle Identification Number. 17 digit numbers are issued for all vehicles manufactured in 1981 or later and all 17 digits must be entered.
9. **BODY TYPE:** Enter the two digit body type code according to the following abbreviations: BS = Bus, PK = Pickup, RT = Road Tractor, TK = Single Truck, TR = Tractor, TT = Truck Tractor, TX = Taxi, or WK = Wrecker. Refer to Chapter 14, Descriptive Vehicle Guide, in the IRP customer handbook for body configuration descriptions, definitions, and pictures.
10. **YEAR MODEL:** Enter the year model of the vehicle.
11. **VEHICLE AXLES:** Enter the number of axles of the vehicle.
12. **MAXIMUM COMBINED AXLES:** If registering your fleet in the province of Quebec, Canada, you must indicate the maximum possible number of axles that will be used in the combination of power/trailer vehicles.
13. **BUS SEATS AND SEPARATE COMPARTMENT:** Number of seats, include the driver's seat. Check box, for no separate baggage compartment.
14. **FUEL:** Enter one of the following fuel codes: G = gas, D = Diesel, P = Propane or Natural Gas
15. **UNLADEN WEIGHT:** Enter the unladen (empty) weight of the vehicle. Unladen weight must be reported for all vehicles regardless of their operational configuration.
16. **CA GVW OR CGVW:** Enter the highest gross or combined gross vehicle weight that the vehicle will be operated in California.
17. **DATE OF PURCHASE:** Enter the date (month/day/year) the vehicle was purchased by the current owner.
18. **LATEST PURCHASE PRICE:** Enter current owner's purchase price. Purchase price must include any trade-in value given for a used trade-in vehicle, federal excise taxes, destination or shipping charges, and all necessary accessories added to the vehicle to make it road ready. Do not include state or local sales or use taxes.
19. **FACTORY LIST PRICE:** Enter the factory list price. This is required information for the IRP fee computation. The IRP System will retrieve the factory price from the Factory Price table if you fail to provide the factory list price. The table is accessed using the vehicle year, number of axles, and body style.
20. **NEW IRP PLATE LICENSE NUMBER:** For DMV Use Only.
21. **USDOT NUMBER AND TIN:** Enter the USDOT Number and TIN of the person responsible for the safe operation of the vehicle being registered. If the person responsible for this is expected to change within the next registration period, mark (X) the box.
22. **LESSOR NAME AND ADDRESS:** If the vehicle is leased to the IRP registrant by an owner/operator enter the owner/operator name and address. (Include a copy of the lease agreement.)

FEE COMPUTATIONS:

APPORTIONED FEES FOR THE CURRENT YEAR FOR ALL QUALIFIED IRP JURISDICTIONS MUST BE PAID WITH THIS APPLICATION. CUSTOMERS MUST SUBMIT

- **100% OF THE CALIFORNIA FEES** (Calculator is available in the DMV Website @ www.dmv.ca.gov) or
- **100% CA FEES X CA MILEAGE PERCENTAGE = CA APPORTIONED FEES + OTHER JURISDICTION FEE** or
- **\$250 PER MONTH PER VEHICLE** or
- **\$300 PER MONTH PER VEHICLE (only if Purchase Price is \$200,000 or more)**

Enter the equipment number(s) of the vehicle(s) listed on the front of the form in the column headed "Equip #" and then enter the 100% California Weight, Registration, Commercial Motor Vehicle, CTIP, and Vehicle License fees in their respective columns. Indicate totals across and down and complete the calculations in the recap spaces.

Signature required. Under penalty of perjury, under the laws of the State of California, sign and print your name, title, and the date signed.



A Public Service Agency

CALIFORNIA IRP VEHICLE DATA - SCHEDULE C

TYPE OF APPLICATION - IMPORTANT: Read instructions and code tables on the reverse of this form before completing this schedule. Schedule A/B form must be submitted if any carrier information has changed.

- New Carrier or Fleet IRP Application:** Must attach Schedule A/B form with full demographics information.
- Renewal:** Use this form to list fleet vehicles to be renewed and/or deleted only if no renewal notice was received from DMV. Must attach Schedule A/B form.
- Vehicle Weight Increase /Decrease:** Must attach Schedule A/B form.
- Replacement Credentials:** Check type - License Plate Cab Card Only License Sticker Only Weight Decal Weight Year Sticker Only
- Vehicle Addition(s) Only** **Vehicle Addition with Replacement** **Vehicle Deletion(s) Only**

| | | | | | |
|----------------------|---------|--|---|---------------------------------|------------------------------|
| IRP ACCOUNT # | FLEET # | EFFECTIVE DATE OF IRP OPERATION: | APPLICATION YEAR(S): <input type="checkbox"/> Current Year Only <input type="checkbox"/> Current and Subsequent Year | | |
| FULL REGISTRANT NAME | | US DOT NUMBER <input type="checkbox"/> MEXICO | TIN NUMBER (FEIN or SSN) or RFC (MEXICO) | DMV OCCUPATIONAL LICENSE NUMBER | EXPIRATION DATE (MM/DD/YYYY) |

DECLARED JURISDICTIONAL WEIGHTS - "X" the following boxes as applicable: 80,000 lbs. All jurisdictions. 80,000 lbs. All jurisdictions **except** as shown below.
 Identical weights for all vehicles listed as shown below except vehicles (X) indicated in Column 1 and entered on the reverse of this form.

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

| VEHICLE NUMBER | 1 WGT EXCEPT | 2 ACTION A = ADD D = DELETE | 3 REPLACEMENT EQUIPMENT NUMBER | 4 PRIOR JURIS | 5 PRIOR LICENSE PLATE NO. | 6 EQUIP. NUMBER | 7 MAKE | 8 FULL VEHICLE IDENTIFICATION NUMBER | 9 BODY TYPE | 10 YEAR MODEL | 11 VEHICLE AXLES | 12 MAXIMUM COMBINED AXLES | 13 BUS SEATS MARK BOX FOR NO COMPARTMENT |
|----------------|--------------------------|--------------------------------------|-----------------------------------|------------------|------------------------------|--------------------|-----------|---|----------------|------------------|---------------------|------------------------------|---|
| 1 | <input type="checkbox"/> | | | | | | | | | | | | <input type="checkbox"/> NO COMPARTMENT |
| 2 | <input type="checkbox"/> | | | | | | | | | | | | <input type="checkbox"/> NO COMPARTMENT |
| 3 | <input type="checkbox"/> | | | | | | | | | | | | <input type="checkbox"/> NO COMPARTMENT |
| 4 | <input type="checkbox"/> | | | | | | | | | | | | <input type="checkbox"/> NO COMPARTMENT |

Continue data for each vehicle listed below

| VEHICLE NUMBER | 14 FUEL | 15 UNLADEN WEIGHT | 16 CA GVW OR CGVV | 17 DATE OF PURCHASE | 18 LATEST PURCHASE PRICE | 19 FACTORY LIST PRICE | 20 NEW IRP LICENSE PLATE NUMBER (DMV USE ONLY) | 21 *US DOT AND TIN OF PERSON RESPONSIBLE FOR VEHICLE SAFETY. IF CHANGE EXPECTED WITHIN NEXT REG. PERIOD, MARK (X) YES BOX | 22 LESSOR NAME AND ADDRESS |
|----------------|------------|----------------------|----------------------|------------------------|-----------------------------|--------------------------|---|--|-------------------------------|
| 1 | | | | | | | | <input type="checkbox"/> Yes | ----- |
| 2 | | | | | | | | <input type="checkbox"/> Yes | ----- |
| 3 | | | | | | | | <input type="checkbox"/> Yes | ----- |
| 4 | | | | | | | | <input type="checkbox"/> Yes | ----- |

CALIFORNIA IRP VEHICLE DATA - SCHEDULE C (continued)

COMBINED GROSS WEIGHT EXCEPTIONS

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

NOTE: To request additional equipment exceptions, submit an attachment containing the equipment number and gross weight for each desired state.

FEES

| Equipment Number | CA WEIGHT FEE | | CA REG. FEE | | CA CVRA REG. FEE | | CA CTIP FEE | | CA VEH. LIC. FEE | | TOTAL CA FEES | | FOREIGN JURISDICTION FEES | | TOTALS ACROSS |
|------------------|---------------|-----------|--------------|-----------|------------------|-----------|--------------|-----------|------------------|-----------|---------------|-----------|---------------------------|-----------|---------------|
| | Current Year | Next Year | Current Year | Next Year | Current Year | Next Year | Current Year | Next Year | Current Year | Next Year | Current Year | Next Year | Current Year | Next Year | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |

****IMPORTANT: A copy of the billing from the registrant or Registration Service Agent's system software that was utilized to calculate fees due for all jurisdictions must be provided with the application before a temporary registration authorization will be issued. Customers that are unable to compute apportioned fees for the foreign jurisdictions must submit (1 or 2) 100% California Fees or (3) \$250 per vehicle per month or (4) \$300 per vehicle per month if purchase price was \$200,000 or more.**

Applications submitted within 60 days of the fleet expiration date must be accompanied by fees for the subsequent year if the vehicle(s) registered on this application will continue to be operated in your fleet beyond that date. Please refer to the IRP Customer Handbook, Chapter 7, for instructions on computing California Fees. You may retrieve the IRP Handbook on the DMV Website at www.dmv.ca.gov.

| | |
|--|--|
| (1) Total 100% California Fees OR | |
| ** (2) 100% CA Fees X CA Mileage Percentage = CA Apportioned Fees + Other Jurisdiction Fee OR | |
| (3) \$250 per vehicle per month OR | |
| (4) \$300 per vehicle per month (pur. price is \$200,000 or more) | |
| IRP Application Fee | |
| California Credential Fees | |
| GRAND TOTAL FEE | |

DECLARATION: I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing information entered on both sides of this form is true and correct.

**Pursuant to Section 8100 of the California Vehicle Code, applications for apportioned registration must contain both the US DOT and Taxpayer Identification Numbers (TIN) for the safe operation of each vehicle being registered.*

SIGNATURE
X

PRINTED NAME

DATE

TITLE

DMV USE ONLY

| | | |
|---|--|---|
| <p><i>Original Applications:</i></p> <ul style="list-style-type: none"> • Schedule A/B Attached • Proof of Business Address Attached (3 documents) • MC 522 I SP Attached • VIN(S) Verified • FHVUT Verified or Exemption Attached • Clean R60 VIN printouts • USDOT & TIN Numbers • MCSA-1 Update • Lease Agreement | <p><i>Renewal Applications:</i></p> <ul style="list-style-type: none"> • Schedule A/B Attached • Proof of Insurance Attached • FHVUT Verified or Exemption Attached • Agreement to Maintain Records Attached • MCSA-1 Update • Lease Agreement | <p><i>Supplemental Applications:</i></p> <ul style="list-style-type: none"> • FHVUT Verified or Exempt • VIN(S) Verified • Clean R60 VIN printouts • MCSA-1 Update • Lease Agreement |
| | | <p><input type="checkbox"/> MC 2126 I Issued</p> <p style="text-align: center;">AFFIX DMV DATE STAMP HERE</p> |
| | | <p>EXP. DATE</p> |