



Secretary of State
'Schedule G' for First-Year IRP Applicants

Secretary of State
Vehicle Services Department
Commercial & Farm Truck Division
501 S. Second St., Rm. 300
Springfield, IL 62756
217-782-4815
www.cyberdriveillinois.com

Distance records on which the application is based must be retained for a period of three years after the expiration of each registration year (total of five years and nine months). Retention of records is very important to avoid excessive penalties that may arise during audit examination.

Name: FEIN:
Address: City/State/ZIP:
Telephone #: Additional Telephone #: USDOT #:

Prior to issuance of your IRP registration, the Office of the Secretary of State, pursuant to 625 ILCS, Sections 5/2-110 and 5/3-405, requires the following questions to be completed in full.

- 1. Indicate how these vehicles were registered previously (includes those under your ownership and leased to another company). If newly purchased, skip to D; attach separate sheet if needed. If vehicles were not registered, explain in E.
A. Illinois Base Plate - Name and Plate #:
B. Illinois IRP Plate - Name and Plate #:
C. Foreign Plate (out of state) - State of issuance:
Foreign Base Plate - Name and Plate #:
Foreign IRP Plate - Name and Plate #:
Copies of Illinois or Foreign Registration (cab cards) are required.
D. New Purchase (vehicles recently purchased or not in your possession in the previous registration year)
Purchased From:
Relationship to Applicant (if any):
E. Other - Explain in detail:

2. Have you ever had IRP registration in Illinois or any other jurisdiction? Yes No
If yes, Name, Jurisdiction and Firm/Account Number:

3. Have you ever been associated with any company or individual in the past three years that was apportioned in Illinois or any other jurisdiction? Yes No
If yes, Name and Jurisdiction:

4. Have you ever been denied registration? Yes No
If yes, explain:

5. Have you ever had your registration suspended or revoked? Yes No
If yes, explain:

6. Is your vehicle(s) presently leased to any individual or company? Yes No
If yes, Name, Address and Phone Number of Lessee:

If you are not presently leasing to anyone but have inquired about potentially leasing to someone, indicate the Name, Address, USDOT Number and Phone Number of the potential lessee and a contact person.

7. Driver of Vehicle: \_\_\_\_\_ Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_  
 CDL: \_\_\_\_\_  Yes  No  
 If more than one driver, list all potential drivers and their information on an additional sheet.
8. USDOT Number responsible for safety (if different from yours): \_\_\_\_\_  
 Name(s) and Address(es) of carrier whose USDOT Number is responsible for Safety (if different from yours): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Operating Authority Number you will be working under (if any): \_\_\_\_\_  
 Jurisdiction of issue: \_\_\_\_\_ Is this your authority? .....  Yes  No  
 If no, Name and Address of Authority Holder: \_\_\_\_\_  
 Could the USDOT Number for safety change in the next 12 months?.....  Yes  No
9. Provide a detailed business plan to justify the selection of jurisdictions in which you wish to apportion (A detailed answer is required. Registration may be denied if not adequately answered. Attach additional sheets if needed).  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
10. Is there any actual distance that has been accrued by your vehicle(s) that will be required to be reported?.....  Yes  No  
 If yes, explain origin of distance: \_\_\_\_\_  
 \_\_\_\_\_
11. Have you ever been audited by Illinois or any other IRP jurisdiction?.....  Yes  No  
 If yes, approximately when: \_\_\_\_\_
12. Have you been instructed on the importance of maintaining individual vehicle distance records? .....  Yes  No
13. At what address do you plan to maintain these records for audit purposes:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
14. Has any licensing service, remittance agency, trucking service agency, consultant or any other individual(s) assisted you in the preparation of your IRP application(s)? .....  Yes  No  
 If yes, Name and Address: \_\_\_\_\_
15. Are any of the estimates you may be using based upon your own business plan?.....  Yes  No  
 If yes, attach "Schedule E" with appropriate explanations.

**I/We hereby affirm that the information set forth herein is true and correct and that, as applicant, these answers were given by me. I furthermore affirm that I am familiar with the responsibility imposed upon me, as applicant, by registering under the International Registration Plan. Signatures must be that of either the applicant, co-applicant (if necessary) or authorized employee of the company.**

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Date

**If more space is needed, please attach additional sheets.**