

1 APPLICANT INFORMATION		
REGISTRANT NAME:		
DBA NAME:		
PHYSICAL ILLINOIS ADDRESS:		
CITY:	IL	ZIP CODE:
ILLINOIS TELEPHONE #:	COUNTY:	
ALTERNATE TELEPHONE #:	FAX #:	
CONTACT PERSON:	E-MAIL:	
SPECIAL MAILING ADDRESS		
NAME:		
STREET ADDRESS:		
CITY:	STATE:	ZIP CODE:

2 APPLICANT INFORMATION	
FIRM #:	REG. YR.
FLEET #:	
SUPP #:	RENEWAL <input type="checkbox"/>
TRACKING #:	SUPPLEMENT <input type="checkbox"/>
FEE MONTHS:	NEW APP <input type="checkbox"/>
PAGE: OF:	ADD JURIS. <input type="checkbox"/>
TYPE OF OPERATION	
HAUL FOR HIRE	<input type="checkbox"/>
PRIVATE CARRIER	<input type="checkbox"/>
RENTAL COMPANY	<input type="checkbox"/>
HOUSEHOLD GOODS (FOR HIRE)	<input type="checkbox"/>
HOUSEHOLD GOODS (PRIVATE)	<input type="checkbox"/>

3 VEHICLE INFORMATION (PLEASE PRINT CLEARLY)															WEIGHT GROUP: _____							
TEMP. PERMIT # & ISSUE DATE	ADD/RENEW	TRANSFER FROM	TRANSFER TO	REPLACE PLATE	REPLACE CARD	RECLASS	CORRECTION	SHV PERMIT	UNIT NUMBER	VIN (VEHICLE IDENTIFICATION NUMBER)	HVUT	YEAR	MAKE	TYPE	AXLE/SEAT	FUEL	UNLADEN WEIGHT	PURCHASE PRICE	FACTORY PRICE	PURCHASE DATE	CURRENT PLATE #	USDOT # OF CARRIER RESPONSIBLE FOR SAFETY
FOR VEHICLE IN ABOVE LINE										LESSOR NAME & US DOT #:					LESSOR ADDRESS:							
FOR VEHICLE IN ABOVE LINE										LESSOR NAME & US DOT #:					LESSOR ADDRESS:							
FOR VEHICLE IN ABOVE LINE										LESSOR NAME & US DOT #:					LESSOR ADDRESS:							
FOR VEHICLE IN ABOVE LINE										LESSOR NAME & US DOT #:					LESSOR ADDRESS:							
FOR VEHICLE IN ABOVE LINE										LESSOR NAME & US DOT #:					LESSOR ADDRESS:							

4 The undersigned, under oath, swears under penalty of perjury of the laws of the State of Illinois in regard to making a false declaration to a public official, that the information contained on this form and all future registration form(s) for the above referenced year, will be true and correct and that the vehicles contained thereon will abide by the mandatory insurance law requiring liability insurance throughout the registration period, and that proper vehicle financial responsibility will be in effect and maintained on those vehicles. I/We hereby declare if the justifications are not complete that I have no actual distance to report and agree to the use of the estimated distances by the Commercial & Farm Truck Division to calculate my registration fees. I/We hereby declare that I/we have knowledge of the Federal Motor Carrier Safety Regulations (49 CFT parts 40 and 382, 383, 385, 386, 387 and 388) including highway-related portions of the Federal Hazardous Materials Regulations (49 CFT 107, 171-173, 177, 178 and 180) or compatible state rules, regulations, standards and orders applicable to Motor Carrier Safety including Highway Transportation and Hazardous Materials. I/We understand that I/we are required to preserve the individual vehicle distance records and source documents on which my International Registration Plan registrations are based for a period of at least three years.

Will the USDOT # for safety change during this year? Y N

Signature:	Title:	Date:
Remitter/Agent:	Remitter #:	

Mail this application to:
Office of the Secretary of State
Commercial & Farm Truck Division
300 Howlett Building, 501 S. Second St.
Springfield, IL 62756

You may process in person with an appointment.
 For phone inquiries or to make an appointment, please call
 217-785-1800 or visit www.cyberdriveillinois.com.

1	GENERAL INFORMATION	FIRM #:
NEW FLEET: <input type="checkbox"/> YES <input type="checkbox"/> NO FLEET #:		
WYOMING INTRASTATE AUTHORITY: <input type="checkbox"/> YES <input type="checkbox"/> NO		
YOUR USDOT #:		
USDOT # CARRIER FOR SAFETY (if entire fleet):		
IL CORPORATION FILE #:		
FUEL TAX #:		
IL DRIVER'S LICENSE #:		
FEIN #:		
INSURANCE COMPANY #:		
POLICY #:		
EXPIRATION DATE #:		

2	INSTRUCTIONS FOR COMPLETING DISTANCE / WEIGHT PORTION OF FORM
<p>1. Place an "X" in the box before the name of the jurisdiction you wish to apportion.</p> <p>2. Place an "N" in the box before the name of the jurisdiction where actual distance is being reported but apportioned registration is not desired.</p> <p>3. Mark the ACT/EST column with an "A" for actual distance or "E" for estimated distance. applicants are strongly urged to provide justifiable distance estimates. applicants who are unable to provide justifiable estimates must use the Estimated Distance Chart provided.</p> <p>4. Insert the combined gross weight for each jurisdiction marked with an "X". For Quebec, enter total axles (including trailer).</p> <p>5. Total fleet distance: <input type="text"/></p>	
WEIGHT GROUP: <input type="text"/>	

3 JURISDICTIONAL INFORMATION DISTANCE / WEIGHT

X	JURISDICTION	ACT/EST	DISTANCE	WEIGHT	X	JURISDICTION	ACT/EST	DISTANCE	WEIGHT
	AB (ALBERTA)					NH (NEW HAMPSHIRE)			
	AL (ALABAMA)					NJ (NEW JERSEY)			
	AR (ARKANSAS)					NL (NEWFOUNDLAND-LABRADOR)			
	AZ (ARIZONA)					NM (NEW MEXICO)			
	BC (BRITISH COLUMBIA)					NS (NOVA SCOTIA)			
	CA (CALIFORNIA)					NV (NEVADA)			
	CO (COLORADO)					NY (NEW YORK)			
	CT (CONNECTICUT)					OH (OHIO)			
	DC (DISTRICT OF COLUMBIA)					OK (OKLAHOMA)			
	DE (DELAWARE)					ON (ONTARIO)			
	FL (FLORIDA)					OR (OREGON)			
	GA (GEORGIA)					PA (PENNSYLVANIA)			
	IA (IOWA)					PE (PRINCE EDWARD ISLAND)			
	ID (IDAHO)					QC (QUEBEC)			AXLES:
X	IL (ILLINOIS)					RI (RHODE ISLAND)			
	IN (INDIANA)					SC (SOUTH CAROLINA)			
	KS (KANSAS)					SD (SOUTH DAKOTA)			
	KY (KENTUCKY)					SK (SASKATCHEWAN)			
	LA (LOUISIANA)					TN (TENNESSEE)			
	MA (MASSACHUSETTS)					TX (TEXAS)			
	MB (MANITOBA)					UT (UTAH)			
	MD (MARYLAND)					VA (VIRGINIA)			
	ME (MAINE)					VT (VERMONT)			
	MI (MICHIGAN)					WA (WASHINGTON)			
	MN (MINNESOTA)					WI (WISCONSIN)			
	MO (MISSOURI)					WV (WEST VIRGINIA)			
	MS (MISSISSIPPI)					WY (WYOMING)			
	MT (MONTANA)								
	NB (NEW BRUNSWICK)				N	AK (ALASKA)	A		N/A
	NC (NORTH CAROLINA)				N	MX (MEXICO)	A		N/A
	ND (NORTH DAKOTA)				N	NT (NORTHWEST TERRITORY)	A		N/A
	NE (NEBRASKA)				N	YT (YUKON TERRITORY)	A		N/A