

INTERNATIONAL REGISTRATION PLAN VEHICLE SCHEDULE

A Registrant Name
P.O. Box
Street Address
City County No. State Zip Code

B Mailing Address
Name (Person To Contact Regarding Application)
Phone

C License Year Tax Identification Number U.S. DOT Number Client ID Fleet No.
Title Documentation Supplemental Schedule Distance Schedule Heavy Vehicle Use Tax Form 2290
DOT OFFICE USE ONLY Supp. # Reg. Mos. Date Initials

MCS Fax # 515-237-3225 Fax Phone #
Temporary Apportionment requested? (Please check one) YES NO

Units listed below will be authorized to operate in the jurisdictions and at weights listed below. List weights in the box for each jurisdiction.

Table with 18 columns representing state abbreviations: 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

ADDITIONS

Table with 24 columns: 1 Unit Number, 2 Lessor/Owner, 3 Year, 4 Per Y/N, 5 * Type, 6 Make, 7 Fuel, 8 Axle Seats or Axles, 9 Complete Vehicle Identification Number, 10 Jurisdiction Abbrev. & Title Number, 11 Unladen Weight, 12 Gross Combined Weight, 13 Weight Group Number, 14 Purchase Price, 15 Factory Price, 16 Lease Date M/D/Y, 17 Purchase Date M/D/Y, 18 1st Operated Date M/D/Y, 19 Transferred License Plate No. and Sticker No., 20 Y/N, 21 US DOT No., 22 ** Y/N, 23 Dealer Name and Address or Previous License # MM/YY of Expiration and State, 24 Utah TK Type MCO

* If registering a power unit, will you be pulling a trailer? Yes No

**Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year?

Table with 5 columns: Unit Number, Complete Vehicle Identification Number, Deletion Date MM/DD/YY, Plate Number, Iowa Combined Gross Weight, Reason Removed. Title: Straight Deletions or Deletions/Transfer of Credit

Duplicate Credential Requests
Replacement cab card \$3.00
Sticker (includes cab card) \$3.50
Plate (includes cab card & sticker) \$10.00
Fleet-to-Fleet Transfer

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

By: _____

Title: _____ Date: _____

Application Instructions

Complete Boxes A, B, and C of the top section of the schedule (*a physical street address must be given for plates to be mailed*). Federal identification number (*the Federal identification number is preferred but a Social Security number can be used if there is no Federal identification number*). The name and telephone number of the person to contact who is responsible for filling out the application must be given. The county number is required for "New Carriers" when filing.

List the desired weights in pounds for each apportioned jurisdiction. Vehicles registered at 55,000 pounds or more must provide current verification of *Heavy Vehicle Use Tax Form 2290*. See IRP Manual for acceptable documentation. Documentation can accompany your vehicle schedule or be submitted at time of payment.

- a. Deletion Only - if you anticipate adding a unit it is recommended you hold your deletion until that time to maximize your transfer credit. If you do not anticipate an add, please complete a vehicle schedule, and claim for refund form. Submit these forms along with the plate and registration to the Iowa Department of Transportation, Office of Motor Carrier Services P.O. Box 10382, Des Moines, IA 50306-0382.
- b. Deletion and Addition (Transfer of Credit) - when a plate is transferred from a deleted unit to an added unit a vehicle schedule must be completed. Column 18 must be completed for each transfer.
- c. Weight Increase - when using a vehicle schedule to file a weight increase, complete columns 1 through 13 and indicate the desired weight in the jurisdiction box being increased. Please print in large letters on the face of the form "WEIGHT INCREASE." This will make the transaction clearly recognizable and allow for a prompt response.
- d. Adding Jurisdictions - a vehicle schedule must be completed for each weight group listing the jurisdiction and weight the vehicle will be registered for. A distance schedule must also be completed when adding the jurisdiction.

All columns must be completed as follows:

- Column 1 Assigned unit number.
 Column 2 Owner's name as shown on the title documentation.
 Column 3 Year of vehicle.
 Column 4 Indicate 'Y' for Yes or 'N' for No for a permanent power plate.
 Column 5 Vehicle type. Please use the following abbreviations:

TT -- Truck Tractor	TR -- Tractor	1S -- Permanent Semi Trailer (1-year billing)
TK -- Straight Truck	BS -- Bus	3S -- Semi-trailer (3-year plate)
ST -- Semi-trailer		5S -- Permanent Semi-trailer (5-year billing)

Column 6 Please use the following abbreviations:

Power Units

Arrow AARO	Fargo FARG	Marmon Harrington MAHA
Austin AUST	Federal FEDL	Massey-Ferguson MASS
Autocar AUTO	Ford FORD	Mercedes Benz MERZ
Barret BARR	Remanufactured RFMG	MCI MCI
Brockway BROC	Freightliner FRHT	Peterbuilt PTRB
Bros BROS	GMC GMC	Reo REO
Brown BRWN	Hendrickson HEND	Sterling STRG
Chevrolet CHEV	Hyster HYST	Stewart STEW
Clark CLAR	International INTL	Volvo VOLV
Diamond T DIAT	Kenworth KW	Western Star WSTR
Dodge DODG	KW Dart KWDT	White WHIT
F W D FWD	Mack MACK	White GMC WHGM
		All Others POWR

Trailers

AMC AMC	Fruehauf FRUE	Nabors NABO
Alloy ALLO	Gindy GIND	Norwin NRWN
American AME	Great Dane GDAN	Ohio OHIO
Arrow Trailers ARRT	Halliburton HALR	Pines PINE
Barlett BARL	Heil HEIL	Polar POLA
Brown BROW	Highway HIGH	Raven RAVE
Butler BUTL	Hobbs HOBBS	Rogers ROGR
Certified CERT	Homemade HMDE	Stewart STET
Chamberlain CHAL	Hyster HYST	Strick STRI
City CITY	Kari Cool KARI	Talbert TALB
Clark CLAR	Kentucky KENT	Timple TIMP
Comet COME	Keystone KEYO	Trailco TRLC
Cornhusker CORN	Kingham KNGH	Trail-Eze DAKO
Custom CUSM	Loadking LOAK	Trailmobile TRIM
Daco DACO	Lubbock LUBB	Transcraft TRAO
Delta DELT	Lufkin LUFK	Transport TTTI
Dorsey DORS	Marshall MARL	Utility UTIL
Eagle EAGL	Matlock MATL	Wabash/National WANC
Feterl FRLR	Merritt MERI	Wilson WILX
Flasko FLAS	Miller MILL	All Others TRLR
Fontaine FONA	Monon MONN	

- Column 7 Fuel type: D -- Diesel G -- Gas P -- Propane
- Column 8 Top Portion: List the number of axles for the vehicle unless it is a bus.
 Bottom Portion: List the number of seats for a bus or if a truck or truck tractor operating in Quebec, list the maximum number of axles for the power unit and trailer
- Column 9 VIN number. Complete vehicle identification number **must** be used.
- Column 10 Title number. Documentation must be provided. See IRP Manual for acceptable documentation. Documentation can accompany your Vehicle Schedule or be submitted at time of payment.
- Column 11 Empty weight.
- Column 12 Iowa combined gross weight for which the unit is to be registered.
- Column 13 Weight group number for this unit.
- Column 14 Purchase price of unit when acquired. (*Excluding trade-in and sales tax but including accessories or modifications.*)
- Column 15 The manufacturer's retail price, excluding trade-in and sales tax, including accessories or modifications attached to the vehicle.
- Column 16 Lease date - month, day and year.
- Column 17 Purchase date - month, day and year.
- Column 18 Month and year the vehicle was first put in service.
- Column 19 License plate and sticker number transferred from the deleted unit (if no transfer write None).
- Column 20 'Y' if unit travels over 10,000 miles nationally a year. 'N' if unit travels 10,000 miles or less nationally a year (power unit only).
- Column 21 US D.O.T. number assigned to vehicle. See IRP Manual.
- Column 22 Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year?
- Column 23 Give the previous license information, such as plate number, year and state. If newly purchased, give dealer name and address. For any vehicle which has been stored previous to this licensing you must submit a copy of the storage slip with the vehicle schedule.
- Column 24 Top Portion. Utah Special Truck Indicator: If your power unit is a: cement pump, well-boring unit, OR crane put a Y; If none of these, leave blank.
 Bottom Portion. If your power unit is new put an S (a copy of the Manufacturer's Certificate of Origin (MCO) must be attached to this form); otherwise leave blank.