



**PENNSYLVANIA APPORTIONED REGISTRATION
APPLICATION SCHEDULE B**

For Department Use Only
Bureau of Motor Vehicles • Commercial Registration Section
P.O. Box 68286 • Harrisburg, PA 17106-8286

Merge Fleet: YES NO

Fleet Mileage for Period July 1, 20 _____ through June 30, 20 _____

Indicate the actual distance traveled for each corresponding jurisdiction during the last reporting period (July 1 - June 30).

A APPLICANT INFORMATION		
Name of Applicant	Account No.	Registration Year

B JURISDICTION DISTANCE					
JURISDICTION	MILEAGE	JURISDICTION	MILEAGE	JURISDICTION	MILEAGE
Pennsylvania (PA)		Massachusetts (MA)		Texas (TX)	
Alabama (AL)		Michigan (MI)		Utah (UT)	
*Alaska		Minnesota (MN)		Vermont (VT)	
Arizona (AZ)		Mississippi (MS)		Virginia (VA)	
Arkansas (AR)		Missouri (MO)		Washington (WA)	
California (CA)		Montana (MT)		West Virginia (WV)	
Colorado (CO)		Nebraska (NE)		Wisconsin (WI)	
Connecticut (CT)		Nevada (NV)		Wyoming (WY)	
Delaware (DE)		New Hampshire (NH)		*Mexico	
Dist. Columbia (DC)		New Jersey (NJ)		Alberta (AB)	
Florida (FL)		New Mexico (NM)		Brit. Columbia (BC)	
Georgia (GA)		New York (NY)		Manitoba (MB)	
Idaho (ID)		North Carolina (NC)		Newfoundland (NF)	
Illinois (IL)		North Dakota (ND)		New Brunswick (NB)	
Indiana (IN)		Ohio (OH)		*Northwest Terr.	
Iowa (IA)		Oklahoma (OK)		Nova Scotia (NS)	
Kansas (KS)		Oregon (OR)		Ontario (ON)	
Kentucky (KY)		Rhode Island (RI)		Prince Ed. Is. (PE)	
Louisiana (LA)		South Carolina (SC)		Quebec (QC)	
Maine (ME)		South Dakota (SD)		Saskatchewan (SK)	
Maryland (MD)		Tennessee (TN)			
				Total 100% Fleet Miles	

***Non-IRP Participants: Mileage entered for Alaska, Mexico, and Northwest Territories is not used to calculate registration fees.**

TYPE OF OPERATION

- Haul for Hire
 Private Carrier
 Exempt Carrier
 Household Goods Carrier
 Passenger Carrier
 Rental Company (less than 60 days)
 Rental Company (over 60 days)
 Exempt Commodity: _____

As a Pennsylvania apportioned carrier, I understand for auditing purposes, I am required to preserve operational records on which my application is based for a period of three registration years. I also understand that an acceptable source document used to verify carrier fleet mileage is an "Individual Vehicle Distance Record" which must contain the trip starting and ending date, trip origin and destination, route or starting and ending odometer/hubometer reading, total trip miles, miles by each jurisdiction, unit/VIN number, fleet number, trailer number, registrants name and driver's signature or name. Unless otherwise indicated, I hereby certify the mileage shown on this schedule represents all intrastate and interstate mileage (including miles while trip leased to other carriers) traveled by this fleet of vehicles for the designated reporting period. Further, the mileage shown includes loaded and empty (deadhead and/or bobtail) miles.

C SIGNATURE		
I/We certify that the vehicle being renewed for account number _____ is a motor carrier vehicle and has a valid safety inspection.		
I/We further certify that all information given on this application is TRUE and CORRECT.		
Signature of Owner or Authorized Representative	Title of Representative	Date

INSTRUCTIONS

Due to the Full Reciprocity Plan (FRP), there is no longer a need to segment vehicles by the jurisdiction in which they travel. If you have an existing apportioned account with multiple fleets, you may merge all of the fleets into one fleet. If you desire to do so check the “yes” box at the top of the application. It is recommended to merge the fleet at renewal time. If a merge is requested any time other than at renewal, apportioned fees shall be assessed again on all vehicles within the new fleet.

Section A – Applicant Information: Complete this section by providing the registrant or business name, business account TIN/EIN number and registration year.

Section B – Jurisdiction registration Information: List the mileage in the box next to the corresponding jurisdiction.

New fleets: Under the FRP, beginning January 1, 2015, all new fleets will have all IRP jurisdictions displayed on their cab card. Distance for all new accounts will be calculated using the Average per Vehicle Distance Chart.

Renewing fleets: List the actual distance traveled in each jurisdiction during the previous reporting period (July 1 through June 30). If actual distance was not accrued in some of the jurisdictions, leave the jurisdiction mileage box blank.

* - Indicates non-IRP participant; mileage entered for this jurisdiction/country is not used to calculate apportioned registration fees.

Type of Operation: Check one of the boxes that best identifies your type of operation.

Please read the overview of responsibilities for all Pennsylvania IRP registrants. Fleet vehicle record keeping is required to be maintained and all fleets are subject to audit. Additional information on the apportioned registration program including audits is located on the PennDOT’s website at www.dmv.pa.gov.

Section C – Signature: Complete this section by listing the apportioned account number, title of the signee and date. The signature of the owner or authorized representative certifies the information provided in the application is true and correct.