



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION
INTERNATIONAL REGISTRATION PLAN

P.O. Box 327620 • Montgomery, AL 36132-7620 • (334) 242-2999
www.revenue.alabama.gov

New Account Application

ATTACH TO MILEAGE SCHEDULE

1. Applicant's Legal Name: _____

2. Applicant's Telephone Number: _____
Attach verification from telephone company listing Legal or DBA name for address listed.

3. How are your vehicle(s) currently registered? (check one) *Attach additional sheets if necessary.*

- Alabama County Plate, Plate No.: _____
- Alabama IRP Plate, Plate No.: _____
- Alabama IFTA, SSN/FEIN No.: _____
- Out of State Vehicle Plate, State and Plate No.: _____
- Other: _____

4. Have any vehicles been IRP registered under this name, or any other name. Yes No
If yes, please indicate the name of each account and with what jurisdiction.

5. Is your vehicle(s) currently leased to a lessee-carrier? Yes No
If yes, list the name and address of the lessee-carrier.

6. Has any licensing service, remittance agency, trucking service agency, consultant, or other individual(s) assisted you in the preparation of your IRP application? Yes No
If yes, list the individual(s) or agents name and address.

7. If you have provided actual miles for the fleet but have not previously had apportioned license plates, please explain how those miles were determined.

8. Has your registration ever been suspended, revoked or denied? Yes No

9. If applying for IFTA, are reported miles the same for IRP? Yes No

Under penalties of perjury, the applicant declares the information given is, to the best of his/her knowledge, true, accurate, and complete. The applicant agrees to comply with the reporting, payment, record keeping, and license requirements of the International Registration Plan and/or the laws of the State of Alabama. The applicant agrees that any falsification subjects him or her to appropriate civil and/or criminal sanctions of the base jurisdiction. Failure to comply with these provisions shall be grounds for revocation of the IRP credentials in all member jurisdictions. This application must be signed by all partners, one corporate officer, or a member listed in the ownership information section. If the business is a sole proprietorship, the owner must sign the application. An attorney or agent of the taxpayer may sign the application if authorized by a power of attorney. If additional signatures are required, please provide an attachment to this form. Incomplete applications will be returned to the applicant.

SIGNATURE TITLE DATE

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