



# 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 vehicles currently registered? (check one) *Attach additional sheets if necessary.*

Alabama County Plate Enter name and plate No.: \_\_\_\_\_

Alabama IRP Plate Enter name and plate No.: \_\_\_\_\_

Out of State Vehicle Plate Enter name, state, and plate No.: \_\_\_\_\_

Other: \_\_\_\_\_

4. Have any vehicles been IRP registered under this account, or any other account? . . . . .  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. Have you ever reported estimated miles in the jurisdiction(s) in which you are requesting to estimate miles? . . . . .  Yes  No

8. If you currently have apportioned license plates, or if you have had apportioned license plates in the past, explain why estimated miles are being used.

\_\_\_\_\_

9. Are you currently under a registration suspension? . . . . .  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 license 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

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TITLE

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DATE

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