



Minnesota Department of Public Safety
Driver and Vehicle Services
445 Minnesota St., St. Paul, MN 55101
Website: drive.mn.gov

MN International Registration Plan renewal/supplement application

Account Number: _____ Fleet: _____

Section 1

Account Name:	DBA:	Contact Person Name:	Registration Year:
Physical Address 1 County of Residence	Mailing Address 1	Phone No. Fax No:	Tax ID (FEIN or SSN):
Physical Address 2	Mailing Address 2	Email Address:	US DOT #
City, State, Zip	City, State, Zip		

All information collected on a motor vehicle application is required by law and is used to identify the vehicle. Failure to provide required information may result in denial of the requested action. Except for certain uses by federal and state laws, personal information may not be disclosed to anyone without your consent.

Section 2

Ownership Type: Company Corporation Partnership Sole Owner
Type of Operation: For Hire Private Carrier Rental vehicles less than 45 days Rental vehicles 45 days and over
Exempt

Section 3

Report actual miles this fleet traveled for the period of _____

Jurisdiction	Miles
Alabama	
Alaska	
Arizona	
Arkansas	
California	
Colorado	
Connecticut	
Delaware	
Dist of Columbia	
Florida	
Georgia	
Idaho	
Illinois	
Indiana	
Iowa	
Kansas	
Kentucky	

Jurisdiction	Miles
Louisiana	
Maine	
Maryland	
Massachusetts	
Michigan	
Minnesota	
Mississippi	
Missouri	
Montana	
Nebraska	
Nevada	
New Hampshire	
New Jersey	
New Mexico	
New York	
North Carolina	
North Dakota	

Jurisdiction	Miles
Ohio	
Oklahoma	
Oregon	
Pennsylvania	
Rhode Island	
South Carolina	
South Dakota	
Tennessee	
Texas	
Utah	
Vermont	
Virginia	
Washington	
West Virginia	
Wisconsin	
Wyoming	
Wyoming Intrastate Authority	

Jurisdiction	Miles
Alberta	
British Columbia	
Manitoba	
New Brunswick	
Newfoundland/Lab	
Nova Scotia	
NW Territory	
Nunavut	
Ontario	
Prince Edward Isl	
Quebec	
Saskatchewan	
Yukon	
Mexico	
Total Miles	
Total Vehicles Renewed	

Tennessee Notice

What is the purpose of supplying the requested information?

The Department of Public Safety Driver and Vehicle Services (DVS) collects the information on this form for record keeping purposes as required by the Minnesota Government Data Practices Act, Minnesota state statute 13.04(2).

Am I required to provide the requested information?

No. You are not legally required to complete this form.

Am I required to provide the requested information?

You can refuse, however, DVS will consider your application incomplete, and cannot process your request.

Who will have access to the requested information?

DVS may disclose personal information when it relates to the operation or use of a vehicle or to public safety. The use of personal information relates to public safety if it concerns the physical safety or security of drivers, vehicles, pedestrians or property. The personal information you provided is classified by 18 U.S.C. Section 2721 and the Minnesota Government Data Practices Act, Minnesota state statute 168.346 and is subject to the disclosure in accordance with these laws.

I attest that this vehicle is insured while operated upon the public roads as required by law; proof of insurance will be carried in the vehicle. I affirm that I am familiar with the responsibility imposed upon me by International Registration Plan (IRP); pursuant to Article X Section 1000 that I am required to retain the records on which this application for apportioned registration is based on and, upon request, shall make such records available for audit.

Applicant Signature: _____ Title: _____ Date: _____

Authorized Agent Signature: _____ Date: _____

Section 5

Minnesota International Registration Plan Renewal/Supplement Application

Account Number: _____

Fleet: _____

The vehicles are Apportioned with the weights shown below:

Jurisdiction	Weight	Jurisdiction	Weight	Jurisdiction	Weight	Jurisdiction	Weight	Jurisdiction	Weight	Jurisdiction	Weight
AL		IA		MI		NM		TN		AB	
AR		ID		MN		NV		TX		BC	
AZ		IL		MO		NY		UT		MB	
CA		IN		MS		OH		VA		NB	
CO		KS		MT		OK		VT		NL	
CT		KY		NC		OR		WA		NS	
DC		LA		ND		PA		WI		ON	
DE		MA		NE		RI		WV		PE	
FL		MD		NH		SC		WY		QC	
GA		ME		NJ		SD				SK	

Section 6 If more room needed for additional vehicles see form PS2276B-1

** Place a "D" in the Action box if deleting the vehicle. Place a "C" in the Delete/Change box if changing any vehicle information. Please make all changes in red.

*1. Verify the US DOT number for the carrier responsible for safety fitness of the vehicle. This should be the US DOT number displayed on the cab of the vehicle.

*2. Verify the Tax Identification Number for the carrier responsible for the safety fitness of the vehicle.

*3. Please indicate if the carrier responsible for the safety fitness of the vehicle is expected to change during this registration year.

*4. If the unit is a type of TK with travel in Colorado, please indicate if the truck pulls a trailer.

*5. Verify county kept when not in use or operation. (Minnesota Statutes, section 163.051)

*6. Please see renewal instructions regarding special use vehicles. Complete if applicable.

VEHICLE EQUIPMENT LIST FOR ACCOUNT _____ - FLEET _____

**Action	Unit#	Vehicle Type	Year	Make	Plate #	Axles	Combined MN Axles	Combined QC Axles	Seats	Fuel	Unladen Weight	Gross Weight	Minnesota CGVW	Purchase Price	Factory Price	Purchase Date

V.I.N.	Owner Name				Owner DOB	*1 USDOT		*2 FEIN		*3 Yes/No	*4 CO Trailer Y/N	*5 County Kept When Not In Use		*6 Special Use	

**Action	Unit#	Vehicle Type	Year	Make	Plate #	Axles	Combined MN Axles	Combined QC Axles	Seats	Fuel	Unladen Weight	Gross Weight	Minnesota CGVW	Purchase Price	Factory Price	Purchase Date

V.I.N.	Owner Name				Owner DOB	*1 USDOT		*2 FEIN		*3 Yes/No	*4 CO Trailer Y/N	*5 County Kept When Not In Use		*6 Special Use	

**Action	Unit#	Vehicle Type	Year	Make	Plate #	Axles	Combined MN Axles	Combined QC Axles	Seats	Fuel	Unladen Weight	Gross Weight	Minnesota CGVW	Purchase Price	Factory Price	Purchase Date

V.I.N.	Owner Name				Owner DOB	*1 USDOT		*2 FEIN		*3 Yes/No	*4 CO Trailer Y/N	*5 County Kept When Not In Use		*6 Special Use	