NOVA	SCOTIA		

		NO	VASCO	TIA					NTERNAT	ΓΙΟΝ	AL RE	GISTI	RATIC	N PL	AN			
Prov Carrier No.	Flee	t Y	Y Supp	(2) Regist	trant name				IRP	(2) - VI	HICLE	INFOR	MATIO	N				
	bove) will be ) for more v	ehicles	within the s	. Vehicles listed rate in the jurisdictions and at the ame weight group. Use separa	ne weights lis	ted below. Use			ction Type Code (TRANS	•		nicle Types (VEH - Truck TT- T		BS - Bus		PAGE	Fuel Type	
NOTE: If weight va	aries 10% in j	uri sdict i	ons, please		PLEASE	PRINT OR		AV - Add Vehic I DV - Del ete Veh									D - Diesel G - Gasoline	P - Propane O - Other
				1	TRANS CD	D. UNIT NUMBER	CURRENT PLATE	# PROV	NEW PLATE#	YEAR	MAKE MODEL	COLOUR	CYL FUEL VEH	I TYPE		ITIFICATION NU	JMBER	1 1 1 1
CANADA	(KGS)		U.S.	( LBS)	BUS SEAT	S W HEEL BASE(m)		AXLES	IN SURANCE POLICY NU	JMBER	INSURER'S	NAME	+ +				EXPIRY DATE	
ВС			MD		LESSOR/N	AME	(K	kg)	LESSOR ADD R	FSS							$\longrightarrow$	
AB	•	•	MA		LLOGOTOTA	, uvi =			LEGOOK ABBIT									
SK			MI		BROKER N	IAME			BR OKER ADD F	RESS								
МВ			MN		MONTHLY	LEASE AMOUNT	LEASE START	DATE	LEASE ENI	D DATE	OWNED VEH.	DATEOFP	JRCHASE	PURCHA	SE PRICE		TRADE-IN VAI	LUE
ON			MS															
QC (axles)			МО															
NB			МТ	2	TRANS CD	D. UNIT NUMBER	CURRENT PLATE	# PROV	NEW PLATE#	YEAR	MAKE MODEL	COLOUR	CYL FUEL VEH	ITYPE	VEHICLE IDEN	ITIFICATION NU	JMBER	
NS			NE	•		 S_WHEELBASE(m)	TARE WEIGHT	AXLES	INSURANCE POLICY NU	MBER	INSURER'S	NAM E					EXPIRY DATE	
PE			NV				(k	kg)	.=									
NL			NH		LESSOR/N	NAME			LESSOR ADD F	RESS								
YT			NJ		BROKER N	NAME			BR OKER ADD	RESS								
NT			NM		MONTHIN	LEASE AMOUNT	LEASE START	DATE	LEASE EN	D DATE	OWNED VEH	DATE OF P	HDCHASE	PURC HAS	SE DDICE		TRADE-IN V	AL LIE
U.S.	(LB	S)	NY		MONTHLE	LEASE AMOUNT	LEASE START	I I I	LEASE EN		OWNED VEH	DATEOFF	I I	PURCHA	SE PRICE		TRADE-IN V	ALUE
AL			NC					-										
AK			ND		TRANS CD	D. UNIT NUMBER	CURRENT PLATE	# PROV	NEW PLATE#	YEAR	MAKE MODEL	COLOUR	CYL FUEL VEH	TYPE	VEHICLE IDEN	ITIFICATION NU	JMBER	
AZ			ОН	3		C MULTEL DACE(m)	TADE WEIGHT	AVIEC	INCUDANCE DOLICYALL	MDED	INCUDEDIC	NAME					EVDIDY DATE	
AR			ок		BUS SEAT	S WHEELBASE(m)		kg) AXLES	INSURANCE POLICY NU	MBEK	INSURER'S	NAME					EXPIRY DATE	1 1 1 1
CA			OR		LESSOR/N	NAME			LESSOR ADD F	RESS	-							
СО			PA		BROKER N	NAME			BROKER AD DI	RESS								
СТ			RI						SIGILITIADO									
DE			sc		MONTHLY	LEASE AMOUNT	LEASE START I	DATE	LEASE END	DATE	OWNED VEH	DATE OF P	UR CHASE	PUR CHAS	SE PRICE		TRADE-IN VA	ALUE
DC			SD															
FL			TN		TRANS CD	D. UNIT NUMBER	CURRENT PLATE	# PROV	NEW PLATE#	YEAR	MAKE MODEL	COLOUR	CYL FUEL VEH	TYPE	VEHICLE IDENT	ITIFICATION NU	JMBER	
GA			TX	4	ļ													
ID			UT		BUS SEAT	S W HEEL BASE(m)		AXLES	INSURANCE POLICY NU	MBER	INSURER'S	NAME			•		EXPIRY DATE	1
IL			VT		LESSOR/N	AME	1 (1	-5/	LESSOR ADD F	RESS								
IN			VA															
IA			WA		BROKER N	IAME			BROKER AD DE	RESS								
KS			wv		MONTHLY	LEASE AMOUNT	LEASE START	DATE	LEASE EN	DATE	OW NED VEH	DATE OF P	URCHASE	PURCH	ASE PRICE		TRADE-IN V	ALUE
KY			WI															
LA			WY															
ME																		

SIGNATURE OF APPLICANT

APPLICANT NAME (PLEASE PRINT)

DATE

<u>INSTRUCTIONS</u> IRP(2)

The following instructions are intended to provide general directions on completion of your application. Please review carefully prior to submitting your forms. Print or type all information entered on the application form. If you have any questions contact the IRP office in your area. Further information is provided in the IRP Carrier Manual.

1. Carrier Account Number

Prov Enter the 2 digit Postal Code Abbreviation for the jurisdiction in which you are based.

NB - New Brunswick; NS - Nova Scotia; PE -Prince Edward Island; NL - Newfoundland and Labrador

Carrier No The five (5) digit account number assigned to you by the IRP office. If you are a new carrier, leave this space

blank

Fleet The two (2) digit Fleet number

Fleet year The last two (2) digits of the year in which the fleet expires. For example if your fleet expires March 31,2002 the

year is 02.

Supp The three (3) digit supplement number for the application. A first transaction or fleet renewal in IRP is

supplement 00. If you do not know the supplement number leave this space blank.

2. **Registrant name** Enter the name of the carrier, person, company or corporation in which the fleet is to be registered.

vehicle within same supplement

3. Weight Group Number

This is a carrier assigned number to classify groupings of vehicles that operate with the same gross vehicle weights within the same jurisdictions. The application allows for 4 vehicles per page. You do not have to enter

the weight on subsequent sheets for vehicles that are within the same weight group. Enter the weight group number and list additional vehicle information. Start with group 1,2,3, etc.

Weight Variances IRP limits the registered weight to not vary by more than 10% between the highest and lowest weights requested for jurisdictions. If the weight varies more than 10% within Canada or 10% within the US, you must provide a

detailed explanation in the space provided.

5. **Vehicle Weights** List Canadian jurisdictions weights in kilograms (for Quebec the number of axles) and US weight in pounds for the jurisdictions for which travel is intended.

## 6. Vehicle Information

TRANS CD	AV DV	Add Vehicle Delete Vehicle	New fleet, renew fleet and add vehicle to fleet Delete vehicle without replacement in same	UNIT NUMBER	Carrier Assigned Unit Number for vehicle within flee	t CURRENT PLATE #	Plate number currently on vehicle	
	AR	Add Vehicle (Credit)	supplement Add vehicle using credit from deleted vehicle in same supplement					
	DR	Delete Vehicle (Credi	t) Delete vehicle using credit on fees for another					

PROV		2 Digit Provincial code in which vehicle is registered	NEW PLATE #	Leave Blank. For Office Use Only	YEAR	Year of vehicle
MAKE		Up to first six (6) digits of make.	MODEL	Up to first six (6) digits of model of vehicle	COLOUR	Primary COLOUR of vehicle
CYL		Number of cylinders	FUEL	Fuel Type as listed by code on vehicle information form.	VEH TYPE	The type of vehicle as per Vehicle Types listed on form.
VEHICLE IDENTIFIC NUMBER	CATION	Complete VIN (serial number) of vehicle being registered.	BUS SEATS / WHEEL BASE	Maximum number of passengers that can be transported wheel base in meters	TARE WEIGHT	Empty weight of power unit
AXLES		Number of axles on power unit	INSURANCE POLICY NUMBER	Policy Number issued by insurance company	INSURER'S NAME	Name of Insurance Company
EXPIRY D	ATE	Expiry date of insurance policy in DD/MM/YYYY format	LESSOR/BROKER NAME AND ADDRESS	Complete name and address of lessor or broker	MONTHLY LEASE AMT	Lease amount per month in Canadian funds
LEASE ST. DATE	ART/END	Starting and Ending dates of lease in DD/MM/YYYY format	OWNED VEHICLE DATE OF PURCHASE	Date vehicle purchased in DD/MM/YYYY format	OWNED VEHICLE PURCHASE PRICE	Purchase price of Vehicle in Canadian funds, including accessories, service and finance charges.

**TRADE IN VALUE** Value of Trade in on previous vehicle in Canadian \$.