

# Ohio IRP Application Instruction Page

1. **Account Number** : Enter the number assigned by the IRP processing center to the account. Leave BLANK if the carrier does not yet have an IRP account number
2. **Fleet number**: Enter the 3-digit fleet number (one or more vehicles that all travel in the same states)
3. **Supplement number**: Leave blank
4. **Expiration date**: Leave blank
5. **Name of Registrant**: Enter the name of the person, firm or corporation in which the vehicles are to be registered
6. **DBA**: (if any) Enter the registrant's business name, if applicable. Do not enter the name of the company the registrant is leased to
7. **Ohio business location**: Enter the physical location of the business. Business location **must** be in Ohio and **cannot** be a post office box
8. **City**: Enter the registrant's city
9. **State**: Ohio
10. **Zip Code** : Enter the registrant's zip code
11. **TIN**: Enter the registrant's tax identification number (federal employee identification number FEIN)
12. **Mailing address** : Enter the registrant's mailing address for all correspondence and credential mailings. Post office boxes and out of state addresses are acceptable (If address is the same as business location enter **SAME**)
13. **SSN**: Enter social security number if you do not have a tax id number (line 11)
14. **City**: Enter mailing city
15. **State** : Enter mailing state
16. **Zip code** : Enter mailing zip code
17. **US DOT number**: Enter registrant's United States Department of Transportation Number (US DOT) All IRP registrants are required to obtain a US DOT Number.
18. **Contact person** : Enter the name of the person to contact concerning this account
19. **Contact phone** : Enter the phone number of contact person if different from Ohio telephone number (line 21)
20. **E-mail** : Enter the e-mail address of the contact person for this account
21. **Ohio telephone Number** : Enter the OHIO telephone number. [REDACTED]
22. **Fax number** : Enter the business fax number
23. **IFTA number** : Enter registrant's International Fuel Tax Agreement number- Ohio motor fuel number from the department of taxation
24. **MC number** : Enter registrant's motor carrier number
25. **Type of application** : Check the category that applies
26. **Type of operation** : Check the appropriate box as described below:
  - Private Carrier = hauls only the registrant's own product
  - Rental Company = rents vehicles or fleets without drivers
  - Haul for Hire = is paid to haul freight or passengers
  - Household Goods Mover = hauls only personal household items
  - Exempt Commodities = hauls only commodities that are exempt from regulation by the PUCO
  - Type = Write the commodity being hauled
27. **Replacement Credentials**: Check the item that applies.
28. **CO**: For fleets that apportion to Colorado: Enter an "N" if the vehicle travels 10,000 miles or less nationally in a year. If the vehicle travels more than 10,000 miles nationally, no notation is required.
29. **Unit #**: Enter the equipment or unit number assigned by the applicant. Be sure to use a different unit number for each vehicle.
30. **Weight Group**: Leave blank
31. **Vehicle Identification #**: Enter the complete serial (VIN) number as listed on the title.
32. **Year**: Enter the model year of the vehicle.
33. **Make of Vehicle**: Enter the trade name of each vehicle. (MACK, FRHT, FRUE, ect.)
34. **Vehicle Type**: TR-Tractor, TK-Truck, TT-Truck Tractor, RT-Road Tractor (Wrecker or Mobile Home Toter), ST-Semi Trailer, FT-Full Trailer, BS-Bus
35. **Axles (Bus: Seats)**: Number of axles on power unit only.
36. **Combined Axles**: Combined number of axles on power unit and trailer(s)
37. **Fuel Type**: Enter the type of fuel used by the vehicle. D-Diesel, G-gasoline, P-Propane.
38. **Unladen Weight**: The empty weight of the vehicle fully equipped for service.
39. **Combined or Gross Weight**: The combined weight of the vehicle and the maximum load to be carried on the combination of vehicle(s).
40. **Purchase Price**: The price of the vehicle including trade-ins, but excluding sales or use tax or finance charges. Don not show cents. When payments are "taken-over", the purchase price is equity paid plus the amount of principal still owed.

# Ohio IRP Application Instruction Page

41. **Factory Price:**
42. **2290:** Leave blank
43. **Power of Attorney:** Leave blank
44. **Y/N:** Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year by lease?
45. **Date of Purchase:** Enter the month, date and year the vehicle was purchased.
46. **Date of Lease:** Enter the month, date and year the vehicle was leased.
47. **Name of Owner (as it appears on the vehicle Title):** Show the name of the owner as it appears on the title.
48. **Bus:HP:** Enter the total horsepower of the bus.
49. **Company US DOT #:** Enter the US DOT Number of the motor carrier responsible for the safety of the vehicle if different than the registrant US DOT number.
50. **Company TIN #:** Enter the TIN Number of the motor carrier responsible for the safety of the vehicle if different than the registrant TIN number.
51. **Plate # Replace Transferred:** Enter the most recent plate number **or** if replacing the plate in # 63 then write replace.
52. **Ohio County:** Enter the Ohio County where the vehicle is garaged.
53. **Municipality or Township where the vehicle is garaged:** Enter the Municipality or Township where the vehicle is garaged.
54. **County Code:** Leave blank
55. **Lease Agreement:** Leave Blank
56. **Are you an Owner Operator leased onto a motor carrier?:** Enter yes or no. If yes is entered, you must provide a photocopy of your lease agreement!
57. **Unit #:** Enter the equipment or unit number assigned by the applicant of the vehicle being deleted.
58. **Vehicle Identification #:** Enter the complete serial (VIN) number as listed on the title of the vehicle being deleted.
59. **Year:** Enter the model year of the vehicle being deleted.
60. **Make of Vehicle:** Enter the trade name of each vehicle. (MACK, FRHT, FRUE, ect.) being deleted.
61. **Combined or Gross Weight:** The combined weight of the vehicle and the maximum load to be carried on the combination of vehicle(s) being deleted.
62. **Reason Removed:** Enter the reason the vehicle was removed from service (i.e. sold, junked, lease broken, etc.)
63. **Transferred Plate #:** Enter the complete number of the license plate being transferred.
64. **Cab Card/Affidavit:** Leave blank

This Application, documents establishing the place of business in Ohio as described in BMV Form 4846, and all support documents required for the vehicle being registered, must be submitted together via either method shown below:

Mail: IRP Central Processing Center PO Box 18320 Columbus, OH 43218-0320

Fax: 614.974.2118

Email: [OHIRP@dps.ohio.gov](mailto:OHIRP@dps.ohio.gov)

1 ACCT #	2 FLEET #	3 SUPP #	4 Registration Months	OHIO IRP APPLICATION (Page 1 of 3) Carrier Information		26 TYPE OF APPLICATION	27 TYPE OF OPERATION	
5 NAME OF REGISTRANT				OHIO IRP PROCESSING CENTER ██████████ ██████████ PHONE 800-477-0007 614-777-8400 Leave all shaded areas blank Please Type or Print With Ink		<input type="checkbox"/> Original <input type="checkbox"/> Renewal <input type="checkbox"/> Add Fleet <input type="checkbox"/> Add Jurisdiction <input type="checkbox"/> Add Vehicle <input type="checkbox"/> Plate Transfer <input type="checkbox"/> Weight Increase <input type="checkbox"/> Change Information <input type="checkbox"/> Base Plate Conversion <input type="checkbox"/> Fleet to Fleet Transfer From:            To: <input type="checkbox"/> Renewal/Transfer/Replace Plate <input type="checkbox"/> Renewal/Replace Plate <input type="checkbox"/> Plate Transfer/Replace	<input type="checkbox"/> Private Carrier(PC) <input type="checkbox"/> Rental Company(RC) <input type="checkbox"/> Haul for Hire(HH) <input type="checkbox"/> Household Goods Mover(HC) <input type="checkbox"/> Exempt Commodities (EX) Type _____	
6 DBA(if any)								
7 OHIO BUSINESS LOCATION (DO NOT USE PO BOX)								
8 CITY	8 STATE- OH	10 ZIP CODE	11 TIN					
12 MAILING ADDRESS				13 SSN				
14 CITY	15 STATE	16 ZIP CODE	17 US DOT #					
18 CONTACT PERSON		19 CONTACT PHONE		20 E-mail		28 REPLACEMENT CREDENTIALS		
21 OHIO TELEPHONE #		22 FAX #		23 IFTA #		<input type="checkbox"/> CAB CARD <input type="checkbox"/> PLATE <input type="checkbox"/> STICKER <input type="checkbox"/> PLATE/STICKER		<b>REASON</b> <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> OPTIONAL
24 <input type="checkbox"/> Check this box if this carrier has intrastate Authority in Wyoming				25 MC #				

**YOU WILL LOSE YOUR DRIVER LICENSE IF YOU DRIVE WITHOUT INSURANCE OR OTHER ACCEPTABLE FINANCIAL RESPONSIBILITY COVERAGE**

- \* In Ohio, it is illegal to drive any motor vehicle without insurance or other financial responsibility (FR) coverage.
- \* It is also illegal for any motor vehicle owner to allow anyone else to drive the owner's vehicle without FR coverage.
- \* **PROOF OF COVERAGE IS REQUIRED:** • Whenever a police officer issues a traffic ticket • At all vehicle inspection stops • Upon traffic court appearances and • Upon random checks by the Registrar of Motor Vehicles
- \* **ANY DRIVER OR OWNER WHO FAILS TO SHOW PROOF OF INSURANCE OR OTHER COVERAGE WILL:** • Lose his or her driver license until requirements are met on first offense and ONE YEAR on second offense and TWO YEARS on additional offenses • Lose his or her license plates and vehicle registration • Pay reinstatement fees of \$100.00 first offense, \$300.00 second offense, and \$600.00 any additional offense • Pay a \$50.00 penalty for any failure to surrender his or her driver license, license plates, or registration AND • Be required to maintain special FR coverage ("High-Risk" insurance or equivalent) on file with the Bureau of Motor Vehicles (BMV) for THREE or FIVE YEARS.
- \* **ONCE THIS SUSPENSION IS IN EFFECT:** Any driver or owner who violates the suspension will have his or her vehicle immobilized and his or her license plates confiscated for at least 30 DAYS first offense and 60 DAYS second offense. For a third or subsequent offenses, the vehicle will be forfeited and sold and the person will not be permitted to register any motor vehicle in Ohio for FIVE YEARS.
- \* **IF YOU ARE INVOLVED IN AN ACCIDENT WITHOUT INSURANCE OR OTHER FR COVERAGE:** In addition to all the penalties listed above you may have • A SECURITY SUSPENSION for TWO YEARS or more and • A JUDGMENT SUSPENSION INDEFINITELY (until all damages have been satisfied).
- \* **THESE PENALTIES ARE IN ADDITION TO ANY FINES OR PENALTIES IMPOSED BY A COURT OF LAW.**
- \* **WARNING: THESE LAWS DO NOT PREVENT THE POSSIBILITY THAT YOU MAY BE INVOLVED IN AN ACCIDENT WITH A PERSON WHO HAS NO INSURANCE OR OTHER FR COVERAGE.**
- \* **WHEN REQUIRED, PROOF OF COVERAGE MAY BE SHOWN BY ANY OF THE FOLLOWING:** • AN INSURANCE POLICY showing automobile liability insurance of at least \$12,500 bodily injury per person, \$25,000 injury two or more persons, and \$7,500 property damage • AN INSURANCE IDENTIFICATION CARD (same coverage) • A SURETY BOND OF \$30,000 issued by any authorized surety company or insurance company • A BMV BOND SECURED BY REAL ESTATE having equity of at least \$60,000 • A BMV CERTIFICATE FOR MONEY OR GOVERNMENT BONDS in the amount of \$30,000 on deposit with the Ohio Treasurer of State • A BMV CERTIFICATE OF SELF-INSURANCE, available only to companies or persons who own at least twenty-six motor vehicles.

I affirm that all owners (or lessees of a leased vehicle) now have insurance or other FR coverage and will not operate or permit the operation of this motor vehicle without FR coverage.

Signature:				Title:				Date:			
Reviewed	Date	Input	Date	Invoice Review	Date	Cab Cards Verified	Date	Received			

**All fields are required except for grey shaded areas. Application will be returned if information is missing.**

<b>V e h i c l e</b>	28 CO	29 Unit #	30 Weight Group	31 Vehicle Identification #	32 Year	33 Make of Vehicle	34 Vehicle Type	35 Axles (Bus: Seats)	36 Combined Axles	37 Fuel Type	38 Unladen Weight	39 Combined or Gross Weight	40 Purchase Price	41 Factory Price	42 2290	43 Power of Attorney	
	44 Y/N	45 Date of Purchase	46 Date of Lease	47 Name of Owner (as it appears on vehicle Title)	48 Bus: HP	49 Company US DOT #	50 Company TIN #	51 Plate # Transferred or Replace	52 Ohio County	53 Municipality or Township Where Vehicle is Garaged	54 County Code	55 Lease Agreement					
	56 Are you an Owner Operator leased onto a motor carrier? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, you must provide a photocopy of your lease agreement!																
<u>Vehicle Deletion</u>		57 Unit #	58 Vehicle Identification #	59 Year	60 Make of Vehicle	61 Combined or Gross Weight	62 Reason Removed			63 Plate # Transferred or Replace	64 Cab Card/Affidavit						

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**Distance** - List distance accrued in each jurisdiction in which this fleet traveled during the period July 1 through June 30 of the year preceding the license year for which you are applying.

**Weight** - Units listed on this application will be authorized to operate in the IRP jurisdictions and at the weights listed below. You must provide a letter of if there is a 10% weight variance.

### WEIGHT AND DISTANCE INFORMATION BY JURISDICTION

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

Do not show 0 (zero) actual miles [REDACTED]

**TOTAL MILES:**