



OHIO DEPARTMENT OF PUBLIC SAFETY
BUREAU OF MOTOR VEHICLES

**IRP VEHICLE REGISTRATION
FLEET MANAGEMENT APPLICATION**

IRP Registrant Account Information *(you must have an Ohio IRP Account Number to use this form)*

1. Registrant's Legal Name:	2. Ohio IRP Account Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	3. Fleet Number: <input type="text"/> <input type="text"/> <input type="text"/>
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Type of Vehicle Registration or Fleet Management Application *(you must select at least one)*

<input type="checkbox"/> Add Fleet	<i>BMV 4838, BMV 4839, and Support Documents</i>
<input type="checkbox"/> Add New Vehicle	<i>BMV 4838, and Support Documents</i>
<input type="checkbox"/> Transfer Registration and Plate from existing Vehicle to New Vehicle	<i>BMV 4840, BMV 4838, and Support Documents</i>
<input type="checkbox"/> Amend/Update Cab Card-Changes to USDOT#	<i>BMV 4885, Copy of Cab Card for unit being amended/updated</i>
<input type="checkbox"/> Amend/Update Cab Card - Weight Increases	<i>BMV 4839, Copy of Cab Card for unit being amended/updated</i>

Fleet Contact Information <input type="checkbox"/> Check here if this is new	Fleet Mailing Address <input type="checkbox"/> Check here if this is new
4. Contact Name:	9. Address:
5. Contact Title:	10. City:
6. Contact Phone Number:	11. State:
7. Zip Code:	12. Zip Code:
8. Contact Email Address:	13. Registrant/Operator Ohio Physical Business Address: OH,

Fleet Operations *(you must complete this section if your selected Add Fleet as Type of Application)*

16. Fleet Type(select one): <input type="checkbox"/> For-Hire <input type="checkbox"/> For-Hire-Rental Carrier <input type="checkbox"/> Private	
17. If Fleet Type is For-Hire select a commodity class: <input type="checkbox"/> All <input type="checkbox"/> Household Goods <input type="checkbox"/> Bus	18. If Fleet Type is For-Hire Rental Carrier select a Commodity Class: <input type="checkbox"/> All <input type="checkbox"/> Exemptions
19. Will this Fleet consist mainly of Owner/Operators under lease or contract? <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. Will the vehicles registered in this Fleet be operating under the Registrant's USDOT# and Authority? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the Registrant's USDOT# _____	

Pursuant to the code of Federal Regulations, Section 49 Part 350, Inclusive, I hereby certify knowledge of applicable federal and state motor carrier safety rules, regulations, standards and orders, and IRP registration and record keeping requirements, and declare that all operations will be conducted in compliance with such requirements and I affirm that for the entire registration renewal year all owners (or lessees if leased) of all vehicles owned/operated under this IRP account, now have insurance or other Financial Responsibility (FR) coverage and will not operate or permit the operation of any vehicle being registered via this renewal application without FR coverage.

- In Ohio it is illegal to operate a motor vehicle without insurance or 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.

Refer to the application instructions for additional information regarding FR coverage.

DATE	SIGNATURE* X	TITLE
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*Signature must be an Owner/Officer/Member/Employee of the entity that is listed as the Registrant on this application, otherwise a Power of Attorney, or BMV5736 will be submitted with this application, or on file.