HSMV 85900 (Rev. 12/2017)		N FILE WITH BC	NOVIDER COMPANY (if applicable): NUTHORIZED SIGNATURES MUST BE ON FILE WITH BCVDS**	SIGNATU		**ALL CARRIER SERVICE A	**ALL CARRIER SERVICE /	NA								DATE:
MPLOYEE	CHECK IF CONTACT IS CARRIER'S EMPLOYEE	CHECK IF CONT	FB	PROVIDE	RIER'S SERVICE PROVIDER	ACT IS CARE	CHECK IF CONTACT IS CARRIE	CH CH		AME →	PRINTED NAME	8	APPLICANT'S SIGNATURE (REQUIRED)	SIGNATUR	LICANT'S	APP.
	ZIP CODE:	STATE:					7.	CITY:								
				ACCOUNT:	SED FOR THIS ACCOUNT:	SS TO BE US	MAILING ADDRESS TO BE USE	T	ith them.	I will comply w	n; and that	retention requirements for the International Registration Plan; and that I will comply with them	or the Intern	ements fo	ion requir	retenti
				COUNT:	EMAIL ADDRESS TO BE USED FOR THIS ACCOUNT:	S TO BE USE	AIL ADDRES		tion furnishe	I certify that the information furnished in hat I have read and understand the records	I certify th	and I am familiar with the requirements applicable to me. I certify that the information furnished in this application and the attachments are true and correct: that I have read and understand the records	he requirem attachments	ar with th	am famili polication	this ap
PLICATION	N FOR AUTHORIZED AGENT OR PERSON TO CONTACT REGARDING THIS APPLICATION:	ON TO CONTACT	GENT OR PERSO	ORIZED A	ION FOR AUTH	TINFORMAT	OTHER CONTACT INFORMATIO		terial regular	hazardous ma	safety and	I acknowledge Florida has adopted the federal motor carrier safety and hazardous material regulations	as adopted t	Florida ha	owledge i	l ackno
YES 🗆																
YES 🗆																
YES 🗆																
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YES 🗆																
YES 🗆								1	9				5	1		
WILL THE DESIGNATED CARRIER RESPONSIBLE FOR SAFETY CHANGE DURING THE YEAR?	MOTIOR CARRIER RESPONSIBLE FOR VEHICLE SAFETY US DOT TAX PACE UNIMBER UNIMBER UNIMBER OVEHICLE OVEHICLE OVEHICLE OVEHICLE UNINBER CARRIER RESPONSIBLE FOR VEHICLE CARRIER RESPONSIBLE CARR	U.S. DOT NUMBER ASSIGNED TO VEHICLE	FLORIDA TITLE NUMBER	OWNER'S PURCHASE PRICE	DATE OF PURCHASE (M/D/Y)	EMPTY WEIGHT	GROSS OR COMBINED GROSS WEIGHT	ES ₹ 0 7	s E LOW MILES	# d BUS AXLES SEATS T TRAILER SEATS	Y AXLES POWER UNIT	VEHICLE IDENTIFICATION NUMBER	mx⊅≤	YEAR	OWNER'S UNIT NUMBER	TRANS- ACTION TYPE
P-PROPANE	-DIESEL G-GAS	TYPES:	LE) FUEL	TRUCK (SINGLE) BUS	TK – BS –	IT - TRUCK TRACTOR IR – TRACTOR	TT - TRUCK TR. TR - TRACTOR	TYPES:	VEHICLE .		CORRECTION ORIGINAL R - RENEWAL	A - ADD VEHICLE C - COD - DELETE VEHICLE O - OF		TRANSACTION TYPES	ANSAC	IR
ION +	VEHICLE INFORMATION	HEV 4 4	rany	S column for s total in all	◆ <u>COLORADO LOW MILEAGE</u> -Check (√) the COLO. LOW MILES column for any vehicle traveling in Colorado that will travel less than 10,000 miles total in all jurisdictions. ———————————————————————————————————	-Check $()$ the nat will travel less	ng in Colorado th	◆ <u>COLORADO</u> vehicle travelin jurisdictions.		AUTHORIZED AGENT/CONTACT TELEPHONE:	AUTHOF	NAME OF AUTHORIZED AGENT/PERSON TO CONTACT: (Power of Attorney Required)	HORIZED AGENT/PERSON (Power of Attorney Required)	(Power o	AME OF A	z
					3711	Telephone (850) 617-3711	Teleph				VIBER:	FLEET NUMBER:		JMBER:	IRP ACCOUNT NUMBER:	IRP AC
(Specify Below)	CORRECTION +	·''	ADD VEHICLE	П	y, MS-62 199-6552	2900 Apalachee Parkway, MS-62 Tallahassee, Florida 32399-6552	2900 Apai Tallahass					FEIN:		77	U.S. DOT NUMBER:	U.S. DC
TRANSFE	FLEET TO FLEET TRANSFER		ADD FLEET	П	(BCVDS)	AND DRIVER SERVICES (BCVDS)	AND DRIV	L					SS:	APPLICANT EMAIL ADDRESS:	CANT EMA	APPLIC
11	INCREASE WEIGHT		RENEWAL	П	L VEHICLE	BUREAU OF COMMERCIAL V	BUREAU OF	L					UMBER:	APPLICANT TELEPHONE NUMBER:	CANT TELE	APPLIC
	TRANSFER		ORIGINAL		AY SAFETY LES	DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES	DEPARTMEN AND N		DE:	ZIP CODE:		STATE:				CITY:
as applies):	TYPE OF APPLICATION ♦ (Check ☑	= APPLICAT	♦ TYPE OF		VEHICLES	HIGHWAY SAFETY AND MOTOR VEHICLES	HIGHWAY						RESS:	APPLICANT MAILING ADDRESS:	CANT MAIL	APPLIC
YES NO		MPT COMMOD	ARE YOU AN EXEMPT COMMODITY CARRIER?	AR	ASAFER	FLORIDÄ	E	_ ¬,	OR CONTACT	THIS IS A NEW ACCOUNT OR A ANY ADDRESS OR CONTACT CCOUNT, CHECK HERE	IRED IF THIS JNT. IF ANY RRENT ACCOL	THREE PROOFS OF FLORIDA PHYSICAL ADDRESS ARE REQUIRED IF THIS IS A NEW ACCOUNTY. IF ANY ADDRESS OR ON ADDRESS CHANGE TO YOUR CURRENT ACCOUNT, IF ANY ADDRESS OR ON FORMATION ON THIS APPLICATION IS A CHANGE TO YOUR CURRENT ACCOUNT, CHECK HERE	CHANGE TO APPLICATION IS	OOFS OF FLOR ADDRESS CH ION ON THIS API	PROOFS CAL ADD MATION O	THREE PR PHYSICAL INFORMAT
DDS CARR	HOUSEHOLD GOODS CARRIER	RRIER	FOR HIRE CARRIER		m ▶	SCHEDULE	SCH			ZIP CODE:	꾸	COUNTY:				CITY:
NSPORTE	PRIVATE CARRIER (OWNS GOODS BEING TRANSPORTED)	RIER (OWNS	PRIVATE CAR		ATION	FLORIDA APPLICA	FLORID.		RESIDENCE	R P						1
ne choice	TYPE OF OPERATION \(\bigvee \) (Select one choice):	OF OPERAT	→ TYPE	ž	INTERNATIONAL REGISTRATION PLAN	NAL REG	ERNATIO		BUSINESS	APT/UNIT# BI	APT	FLORIDA PHYSICAL ADDRESS: DO NOT USE P. O. BOX OR "MAIL ONLY" STREET ADDRESS	FLORIDA PHYSICAL ADDRESS: DO NOT USE P. O. BOX OR "MAIL ONLY"). BOX OR	TUSE P. (PO NO
		N YEAR	REGISTRATION YEAR	RE	T WITH INK	PE OR PRIN	PLEASE TYPE OR PRINT WITH INK	_					ONLY	APPLICANT INFORMATION ONLY FULL NAME:	FULL NAME:	FULL
													The Control of the Co	Library Comments and Comments		- Brillian B

Kenewals Only.

HSMV 85900 (Rev. 12/2017)	PLEASE BE SURE YOU PRINTED YOUR NAME, SIGNED THE APPLICATION, AND ENCLOSED THE FOLLOWING REQUIRED DOCUMENTATION, AS APPLICABLE.			ME - MAINE	MD - MARYLAND	MA - MASSACHUSETTS	LA - LOUISIANA	KY - KENTUCKY	KS - KANSAS	IN - INDIANA	IL - ILLINOIS	ID - IDAHO	IA – IOWA	GA - GEORGIA	DE - DELAWARE	DC - DIST. OF COLUMBIA	CT - CONNECTICUT	CO - COLORADO	CA - CALIFORNIA	AZ – ARIZONA	AR - ARKANSAS	AK - ALASKA	AL – ALABAMA	FL – FLORIDA	JURISDICTION A	UNITS LISTED WILL BE AUTHORIZED TO OPERATE AT THE WEIGHTS LISTED BELOW				
	□ RECOR	□ PROOF			Require																						ACTUAL MILES	WEIGHTS		
	RECORD KEEPING AGREEMENT FORM HSMV 85017 (Required for new account)	☐ PROOF OF PAYMENT OF HEAVY VEHICLE USE TAX	receipt for the electronic title; VIN Verification Form; and a letter from the lien-holder or a lease agreement. PROOF OF BODILY INJURY/PROPERTY DAMAGE LIABILITY INSURANCE WITH PIP	□ PROOF OF VEHICLE OWNERSHIP Out of state titles must have a copy of clear title (front and back) or a copy of the	FS OF ESTABLISHED PLAC d for new account or whenev																						GVW	ITHORIZED TO LISTED BELOW		SCHEDIII
	RM HSMV 85017 (Required	HICLE USE TAX	erification Form; and a lette RTY DAMAGE LIABILITY IN	NC - NORTH CAROLINA ND - NORTH DAKOTA NE - NEBRASKA NH - NEW HAMPSHIRE NJ - NEW JERSEY NM - NEW MEXICO NV - NEWADA NY - NEW OPR OH - OPILO OK - OPILAHOMA OR - OPILAHOMA OR - OPILAHOMA OR - OPILAHOMA OR - PENNISYLVANIA RI - RHODE ISLAND SC - SOUTH CAROLINA SD - SOUTH DAKOTA TN - TENNESSEE PROOFS OF ESTABLISHED PLACE OF BUSINESS OR RESIDENCE Required for new account or whenever Florida physical address changes PROOF VEHICLE OWNERSHIP Out of state titles must have a copy of clear title (front and back) or				NC - NORTH CAROLINA	MO - MISSIOURI MS - MISSISSIPPI MT - MONTANA NC - NORTH CAROLINA			MN - MINNESOTA	JURISDICTION MI – MICHIGAN		B - MILEAGE INFORMATION AN ENTER ACTUAL MILES TRAVELED BY FLEET VEHICLES FOR THE PERIOD JULY 1, THROUGH JUNE 30,		0													
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Has your registration ever been suspended or revoked?	Does this fleet and/or veh	What jurisdiction?	FOR ORIGINAL IRP APPLICATIONS ONLY: Do prior IRP registration in another jurisdiction?	PLEASE DO NOT SENI	TOTAL THE ACTUAL MIL																						GVW	ERIOD E 30,	` c	
been suspended or revo	cles have any history of p		APPLICATIONS ONLY: Does this fleet and/or vehicle have any history of n in another jurisdiction? YES NO NO) MONEY WITH THIS APPLI)U. APPLICATIONS ARE W	TOTAL THE ACTUAL MILES LISTED ABOVE AND ENTER HERE	YT - YUKON	SK - SASKATCHEWAN	QC - QUEBEC	PE - PRINCE ED. ISL.	ON - ONTARIO	NT - NW TERRITORY	NS - NOVA SCOTIA	NL - NEWFOUND/LABRA.	NB - NEW BRUNSWICK	MX - MEXICO	MB - MANITOBA	BC - BRITISH COLUMBIA	AB – ALBERTA	WY - WYOMING	WV - WEST VIRGINIA	WI - WISCONSIN	WA - WASHINGTON	VT - VERMONT	VA - VIRGINIA	UT – UTAH	TX - TEXAS	JURISDICTION	Will you be op YES	WEIGH	
ed?	Does this fleet and/or vehicles have any history of prior Florida IRP Registration?			SEND MONEY WITH THIS APPLICATION. A BILL WILL BE CALCULATED AND MAILED TO YOU. APPLICATIONS ARE WORKED ON FIRST RECEIVED BASIS.	NTER HERE																					***************************************	ACTUAL	erating intrastate		
YES 🗆	1? YES□		ny history of	CALCULATED A D BASIS.																								in the state of W _j (Please ✓ one)		
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