

# STATE OF NEW JERSEY

## **New Account Requirements**

To open a new account, you must have an established place of business. An "established place of business" in New Jersey means a physical structure owned, leased, or rented by the fleet registrant. Proof of address is required. Have a publicly listed New Jersey telephone number listed in the fleet registrant's name and a person to contact during normal business hours. Having a person or persons on site conducting the fleet registrant's business, operational records concerning the fleet shall be maintained at this physical structure and made available upon request. Not having an agent's or consultant's address as an established place of business. Post office box and virtual office locations are prohibited.

#### \*\*\*\*\* All the information should be the same with the IRS, DOT, IRP & IFTA \*\*\*\*\*

#### New Accounts MUST SHOW (1) Primary & (2) Secondary proofs pf Name & Address

#### **Primary Proofs**

Business Primary-Proof of Name, Address & Federal Employee Identification Number (FEIN)

- SS4 Form
- □ Certificate of Authority (If the FEIN on the Certificate of Authority is followed by 500, this is considered a temporary number and vis not an acceptable document)

Personal Primary (Owner Operator)-Proof of Name & Address

**New Jersey Driver License** 

#### Secondary Proofs

- □ Certificate of Incorporation (Business ONLY)
- □ Land Line Utility Bill (Water/Electric Bill)
- □ Federal or State Tax Returns
- Vehicle Title
- Property Tax Bill
- Business Lease Agreement (property lease only- must be notarized) (Business ONLY)
- Personal Lease Agreement (property lease only-must ne notarized) (Owner Operator ONLY)
- □ Insurance Card (For vehicle being registered)

#### NOTE:

- All address changes require a copy of the current insurance card with correct business name and address to make the change.
- On new accounts of Owner Operators we will use a Social Security Number. At the time of renewal, we will need one of the following to continue:

#### Proof of FEIN

- SS4
- □ Screen Shot of the FEIN from the IRS
- Account Transcript from the IRS
- Pre-printed 2290 (NO HANDWRITTEN 2290'S will be accepted)
- Copy of Tax Return

### Additional documentation may be required to meet NJMVC's satisfaction



Visit us at www.njmvc.gov New Jersey is an Equal Opportunity Employer



TATE OF NEW JERSE	Υ	
	IRP REGISTRATI	ON CERTIFICATION
Thi	s form must be comple	eted prior to IRP Registration
	sey address have a phys	sical structure owned, leased or rented by the
fleet registrant?	YES	
Proof of this	address must be submitted	before your application will be processed.
2. Is this location ope	en during normal busines	ss hours? (Monday - Friday 8 a.m. to 5 p.m.)
	YES	
<ol> <li>Does the location Bill, Gas Bill or Sewa</li> </ol>		d in the name of the fleet registered? (I.E. Water
	YES	
4. Is there a person of during normal busine		e fleet registrant's business in the location
	YES	
5. Are the operationa	al records of the fleet loca	ated at this location?
	YES	
6. If not, can the ope event of an audit?	rational records be made	e available at the New Jersey location in the
event of an audit?	YES	
	st pay all costs of travel and 35, Base Jurisdiction Audit	l per diem expenses in accordance with the IRP Expenses.
true and correct to the l event the established p	best of my/our knowledge, i lace of business is proven	nalty of perjury, that the statements made herein are nformation and belief. I/we understand that in the to be outside the State of New Jersey, the registrant ent fees will not be refunded.
Name of	Company	Print Name of Registrant
Signature	e of Registrant	Date

Date



CLUCK COUNT				E	EQUIPMENT	<b>REGISTRATION F</b>	ORM	(Instruction	ns On Back Of	Form)				
Inclustry VAR         MME OF REGISTRANT	THE STATES	MOTOR CA 120 S. S TREM PHONE:	ARRIER SERVICES - IR STOCKTON STREET, P.O. I NTON, NEW JERSEY 08666 (609) 633-9400   FAX: (609	P SECTION BOX 178 -0178 ) 633-9394	ONE:	ADDITION TRANSFER CHANGE WEIGHTS UPLICATE CAB CARDS		DELETION* REPLACEMENT TES CORRECTION TOW TRUCK	<u>TY</u> TK – TRUCK (SI TT – TRUCK TR SW – SOLID WA	PE <u>C(</u> NGLE) ACTOR STE VEHICLE	DDE 11 HD – HEAVY D 11 LD – LIGHT DU 39 AG – COMMEI	TYPE DUTY TOW TRUC	CODE CK 33 K 32 ATE 16	
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(APPLICANT OR AUTHORIZED REPRESENTATIVE)	REASON REMOVED:					REASON REMOVED:								

#### INSTRUCTIONS FOR COMPLETING THE EQUIPMENT REGISTRATION FORM

# - Provide month and year of expiration.

Registration Year Name of Registrant Person to Contact Account Number

**Business Address** 

Fleet Number US DOT # Mailing Address Federal TIN # or SS # E-Mail Address

Equipment Number Model Year and Make

Vehicle Identification #

number will be assigned when your original application is filed with MVC.
(Street, city, state and zip code) This would be where applicant has an established place of business and a telephone and will maintain and/or make records available for audit. Proof of address is required. This address cannot be a post office box.
If more than one fleet is registered under the same company name, indicate to which fleet number (001, 002, etc.) that this application refers.

- Enter the IRP account number assigned by the New Jersey Motor Vehicle Commission. If this is your initial IRP application leave this block blank as this

- Must provide US DOT # for you or your company.
- (Street, city, state and zip code) The Apportioned registration license plates and correspondence will be sent to this address.
- Must provide your Tax Identification Number or your Social Security Number.

- Name of person, firm or corporation requesting apportioned registration.

- Correspondence may be forwarded to this address if applicable.

#### JURISDICTIONAL WEIGHT INFORMATION

List weight when adding states or when weight is greater than the combined gross weight

#### **EQUIPMENT INFORMATION**

- Arbitrary number assigned by applicant to each unit. Number should be unique for each vehicle.

- Name of person to be contacted to resolve problems with application. Include phone number,

- Manufacturer's model year and make of vehicle.
- Complete VIN as shown on vehicle and listed on the manufacturer's Certificate of Origin or Title.
- Name of owner for each vehicle if registrant is not the owner. Signed affidavit from owner must be on file with the Commission.
- See vehicle type abbreviations on front of MCS-IRP-1 form at top right.
- Diesel (D), Gasoline (G), Propane (P), Natural Gas (N) or Electric (E)
- Enter the number of axles for each truck/tractor.
- The unladen (empty) weight of a vehicle plus the weight of the load carried on that vehicle. For a tractor this would be the weight of the tractor plus that part of the weight of a fully loaded semi-trailer resting on the tractor.
- Enter the number of seats for each bus.
- Must answer yes or no to the question, Does the bus have a luggage compartment?
- Vehicle registration code for commercial vehicles and busses refer to front of MCS-IRP-1 form at top right.
- Weight of the vehicle without a load (empty weight).
- The actual purchase price of the vehicle (i.e. price paid for the vehicle by the current owner).
- Manufacturer's list price of the vehicle when new, including accessories and modifications.
- Month, day and year of purchase.
- Must answer yes or no to the question, Is the Designated Carrier Responsible for Safety expected to change during the registration period?
- If vehicle currently registered in New Jersey, list license plate number. NOTE: If vehicle is not new and has never been titled in New Jersey, you must title the vehicle prior to registration.
- Provide current registration expiration date for each vehicle.
- Party responsible for the safety of each vehicle listed.
- Party responsible for the safety of each vehicle listed.
- Provide the insurance company name, policy or binder number and NAIC insurance code from your insurance card. If your number is not listed on your I.D. card, contact your insurance agent.

#### **EQUIPMENT DELETION AND TRANSFER SECTION**

- Arbitrary number assigned by applicant to each unit. Number should be unique for each vehicle.
- Manufacturer's model year and make.
- Complete VIN as shown on vehicle and listed on the manufacturer's Certificate of Origin or Title.
- Provide the license plate number of the vehicle you are deleting or transferring.
- The unladen (empty) weight of the vehicle plus the weight of the load carried on that vehicle.
- Enter the reason the vehicle is being deleted (ex. sold, wrecked, junked, fleet transfer, etc.).

## PLEASE SIGN THE APPLICATION AFTER COMPLETION

Name of Owner Vehicle Type Fuel Axles Combined Gross Weight Buses only # of seats Luggage Compartment - Yes/No Registration Code Unladen Weight Latest Purchase Price of Vehicle Factory Price Date of Purchase

Designated Carrier Change - Yes/No Current Plate #

Expiration Month US DOT # Responsible for Safety Federal TIN # Responsible for Safety Insurance Information

Equipment Number Model, Year and Make Vehicle Identification # Plate Number Combined Gross Weight Reason Removed

MILEAGE SCHEDULE (Instructions On Back Of Form)																
THE OREAN AND	NEW JERSEY MOTOR VEHICLE CO MOTOR CARRIER SERVICES - IRP PHONE: (609) 633-9400   FAX: (609) 6 EMAIL: mcscustomerservice@mvc.					TION 94		TYPE OF OPERATION:         PRIVATE CARRIER       RENTAL         HAUL FOR HIRE       BUS         HOUSEHOLD GOODS MOVER					E OF COMMODITY: LOGS GRAVEL PASSSENGERS	SUPPLEMENTAL TYPE		
REGISTI	RATION YI	EAR	NAME OF RE	GISTRANT			I			REGISTRANT	PHONE	<b>Insurance:</b> I certify under penalty of law that the vehicle(s noted on the face hereof is covered by at least the minimur				
PERSON TO CONTACT:					TELEPHONE NUMBER						amount of insurance required by New Jersey insurance laws					
ACCOUNT NUMBER BUSINESS ADDRESS WHERE FLEET IS BASE			ASED (PF	SED (PROOF REQUIRED) FAX NUMBER							verification purposes. NAME OF INSURANCE COMPANY AS SHOWN ON POLICY					
FLEET N	IUMBER		CITY, STATE,	ZIP CODE												
				RESS FOR BILLS. CAB CARI		50										
0.5.00	T NUMBEF	ζ.	MAILING ADL	RESS FOR BILLS, CAB CARI	DS, PLATI	E9								NAIC INSURANCE CODE NUMBER		
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E-MAIL A	DDRESS												POLICY OR BINDER N	UMBER		
				OR EACH IRP JURIS				E ACTUAL MI	LEAGE WH	ERE THIS I	FLEET	HAS TR	AVELED FOR THE PERIO	D OF JULY 1	THROUGH JUNE 30	
(X)	ST	JURISDIC		ACTUAL MILEAGE	(X)	ST		SDICTION	ACTUAL	MILEAGE	(X)	ST	JURISDICTION	N	ACTUAL MILEAGE	
	NJ	NEW JERSEY				MA	MASSAG	CHUSETTS				ТХ	TEXAS			
	AL	ALABAMA				MI	MICHIG	AN				UT	UTAH			
	AK	ALASKA				MN	MINNES	ΟΤΑ				VT	VERMONT			
	AZ	ARIZONA			MS	MISSISS	SIPPI				VA	VIRGINIA				
	AR	ARKANSAS				MO	MISSOU	RI				WA	WASHINGTON			
	CA	CALIFORNIA				MT	MONTA	NA				WV	WEST VIRGIINIA			
	CO	COLORADO				NE	NEBRAS	SKA				WI	WISCONSIN			
	СТ	CONNECTICUT	CONNECTICUT			NV	NEVADA	A				WY	WYOMING			
	DE	DELAWARE	DELAWARE			NH		MPSHIRE				AB	ALBERTA			
	DC		DISTRICT OF COLUMBIA			NM	NEW ME					BC	BRISTISH COLUMBIA			
	FL	FLORIDA					NEW YC					MB	MANITOBA			
	GA		GEORGIA					CAROLINA			l	NB	NEW BRUNSWICK			
	ID	IDAHO				ND		DAKOTA			<u> </u>	NL	NEWFOUNDLAND / LABRAD	DOR		
	IL	ILLINOIS				OH	OHIO				<b> </b>	NS	NOVA SCOTIA		<u> </u>	
	IN		INDIANA			OK	OKLAHO				<u> </u>	NT	NORTHWEST TERRITORY		<u> </u>	
	IA		IOWA			OR	OREGO				l	ON				
	KS		KANSAS			PA						PE	PRINCE EDWARD ISLAND			
	KY	KENTUCKY			RI						QC	QUEBEC				
	LA ME	LOUISIANA MAINE			SC SD		CAROLINA DAKOTA				SK YT	SASKATCHEWAN				
	1							-					YUKON			
MD MARYLAND TN TENNESSEE										MX	MEXICO					
IMPORTANT: HAVE YOU PREVIOUSLY REGISTERE						ED IN IRP? YES – GIVE ACTUAL MILES NO USE CHART ESTIMATED MILES						GRA	ND TOTAL MILEAGE			
MUST BE SIGNED ►					-	SIGNATURE (APPLICANT OR AUTHORIZED REPRESENTATIVE) DATE										
		<b>_</b>									ATE					
<b>Certification:</b> By signing this application, I certify knowledge of the Federal and State motor carrier safety laws and further certify this fleet is maintained in compliance with the New Jersey Inspection / Maintenance Program.							AL VEHICLES REPRES VE FLEET	ENTED BY								

# **INSTRUCTIONS FOR COMPLETING MILEAGE SCHEDULE**

Type of Operation	- This portion of the form must be completed. Enter all applicable data.
Type of Commodity	- Provide type of commodity.
Supplement Type	- Place an "X" to indicate the type of supplemental application you are submitting.
<b>Registration Year</b>	- Provide month and year of expiration.
Name of Registrant	- Name of the person, firm or corporation requesting apportioned registration.
Person to Contact	- Name of person to be contacted to resolve problems with application. Include phone number.
Account Number	- Enter the IRP account number assigned by the New Jersey Motor Vehicle Commission. If this is your initial IRP application, leave this block blank as this number will be assigned when your original application MCS-IRP-1 is filed with MVC.
<b>Business Address</b>	<ul> <li>(Street, city, state and zip code) This would be where applicant has an established place of business and a telephone and will maintain and/make records available for audit. Proof of address is required. This address cannot be a post office box.</li> </ul>
Fleet Number	- If more than one fleet is registered under the same company name, indicate which fleet number (001, 002, etc) that this application refers to.
US DOT #	- Must provide US DOT # for you or your company.
Mailing Address	- (Street, city, state and zip code) The Apportioned registration license plates and correspondence will be sent to this address.
Federal TIN # or SS #	- Must provide your Tax Identification Number or your Social Security Number.
E-Mail Address	- Correspondence may be forwarded to this address if applicable.
Insurance Information	- Provide the insurance company name, policy or binder number and NAIC insurance code from your insurance card. If your number ising bur I.D card, contact your insurance agent.
<b>Reporting Mileage</b>	- Actual or estimated mileage in every jurisdiction you will be traveling through. (Refer to Carrier Guide).
Important	- Important: Have you previously been registered in IRP? (Check box for yes or no)
Signature	- Signature of person authorized to apply for registration

**FEDERAL HEAVY VEHICLE USE TAX:** - If you are required by Section 4481 of the Internal Revenue Code to pay a Heavy Vehicle Use Tax, (Vehicles registered at 55,000 lbs. and greater) registration must be accompanied by proof of payment as prescribed by the Secretary of the Treasury. Acceptable proofs of payment are:

a. Receipted IRS Form 2290, Schedule 1 (Stamped PAID or RECEIVED by the IRS)

b. Photocopy of the receipted IRS Form 2290, Schedule 1 (Stamped PAID or RECEIVED by the IRS)

c. Photocopy of non-receipted IRS From 2290 with Schedule 1 attached along with a copy of both sides of the cancelled check showing payment of the tax.

d. Photocopy of non-receipted IRS Form 2290 with the Schedule 1 attached along with a copy of original of the IRS Statement Form 4428 or 8488 that shows an installment has been made.