

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 of 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 is 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 be 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

STATE OF NEW JERSEY

IRP REGISTRATION CERTIFICATION

This form must be completed prior to IRP Registration

1. Does the New Jersey address have a physical structure owned, leased or rented by the fleet registrant?

☐ YES

☐ NO

Proof of this address must be submitted before your application will be processed.

2. Is this location open during normal business hours? (Monday - Friday 8 a.m. to 5 p.m.)

☐ YES

☐ NO

3. Does the location have any utility bills listed in the name of the fleet registered? (I.E. Water Bill, Gas Bill or Sewage Bill)

☐ YES

☐ NO

4. Is there a person or persons conducting the fleet registrant's business in the location during normal business hours?

☐ YES

☐ NO

5. Are the operational records of the fleet located at this location?

☐ YES

☐ NO

6. If not, can the operational records be made available at the New Jersey location in the event of an audit?

☐ YES

☐ NO

If no, the registrant must pay all costs of travel and per diem expenses in accordance with the IRP Agreement, Section 1035, Base Jurisdiction Audit Expenses.

I/we, the undersigned, do hereby certify, under penalty of perjury, that the statements made herein are true and correct to the best of my/our knowledge, information and belief. I/we understand that in the event the established place of business is proven to be outside the State of New Jersey, the registrant will be suspended and the registration and document fees will not be refunded.

Name of Company

Print Name of Registrant

Signature of Registrant

Date



NEW JERSEY MOTOR VEHICLE COMMISSION
MOTOR CARRIER SERVICES - IRP SECTION
120 S. STOCKTON STREET, P.O. BOX 178
TRENTON, NEW JERSEY 08666-0178
PHONE: (609) 633-9400 | FAX: (609) 633-9394
EMAIL: mcscustomerservice@mvc.nj.gov

EQUIPMENT REGISTRATION FORM (Instructions On Back Of Form)

PLEASE CHECK ONE:

- ☐ ORIGINAL
☐ RENEWAL
☐ SUPPLEMENT

SUPPLEMENTAL TYPE - VEHICLE:

- ☐ ADDITION
☐ TRANSFER
☐ CHANGE WEIGHTS
☐ DUPLICATE CAB CARDS
☐ ADDRESS CHANGE
☐ DELETION*
☐ REPLACEMENT PLATES
☐ CORRECTION
☐ TOW TRUCK STICKERS

TYPE AND REGISTRATION CODE

TYPE	CODE	TYPE	CODE
TK – TRUCK (SINGLE)	11	HD – HEAVY DUTY TOW TRUCK	33
TT – TRUCK TRACTOR	11	LD – LIGHT DUTY TOW TRUCK	32
SW – SOLID WASTE VEHICLE	39	AG – COMMERCIAL AGGREGATE	16
CV – CONSTRUCTOR VEHICLE	41	BS – BUS	54

PAGE OF

REGISTRATION YEAR	NAME OF REGISTRANT	REGISTRANT PHONE ()	JURISDICTIONAL WEIGHTS WHEN THE WEIGHT IS GREATER THAN YOUR GROSS VEHICLE WEIGHT IN ANY JURISDICTION LIST BELOW		
PERSON TO CONTACT:		TELEPHONE NUMBER ()			
ACCOUNT NUMBER	BUSINESS ADDRESS WHERE FLEET IS BASED (PROOF REQUIRED)	FAX NUMBER ()			
FLEET NUMBER	CITY, STATE, ZIP CODE		NJ	MA	TX
U.S. DOT NUMBER	MAILING ADDRESS FOR BILLS, CAB CARDS, PLATES		AL	MI	UT
FEDERAL TIN # OR SSN #	CITY, STATE, ZIP CODE		AK	MN	VT
E-MAIL ADDRESS			AZ	MS	VA
			AR	MO	WA
			CA	MT	WV
			CO	NE	WI
			CT	NV	WY
			DE	NH	AB
			DC	NM	BC
			FL	NY	MB
			GA	NC	NB
			ID	ND	NL
			IL	OH	NS
			IN	OK	NT
			IA	OR	ON
			KS	PA	PE
			KY	RI	QC
			LA	SC	SK
			ME	SD	YT
			MD	TN	MX
EQUIPMENT ADDITION SECTION			NAME OF INSURANCE COMPANY AS SHOWN ON POLICY		
EQUIPMENT NUMBER:			NAIC INSURANCE CODE NUMBER		
MODEL YEAR & MAKE:			POLICY OR BINDER NUMBER		
VIN#			Insurance: I certify under penalty of law that the vehicle(s) noted on the face hereof is covered by at least the minimum amount of insurance required by New Jersey insurance laws, and that this vehicle will be continuously insured throughout its registration period. This certification may be used for insurance verification purposes.		
NAME OF OWNER:			Certification: 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.		
VEHICLE TYPE:	FUEL TYPE:	AXLES:	SIGNATURE (APPLICANT OR AUTHORIZED REPRESENTATIVE)		
COMBINED GROSS WEIGHT:			DATE		
BUSES ONLY # OF SEATS:	LUGGAGE COMPARTMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	BUSES ONLY # OF SEATS:			
REGISTRATION CODE:	UNLADEN WEIGHT:	REGISTRATION CODE:			
LATEST PURCHASE PRICE:	FACTORY PRICE:	LATEST PURCHASE PRICE:			
DATE OF PURCHASE:		DATE OF PURCHASE:			
IS DESIGNATED CARRIER RESPONSIBLE FOR SAFETY EXPECTED TO CHANGE DURING THE REGISTRATION PERIOD? <input type="checkbox"/> YES <input type="checkbox"/> NO					
CURRENT PLATE NUMBER:	EXPIRATION MONTH:	CURRENT PLATE NUMBER:			
U.S. DOT NUMBER RESPONSIBLE FOR SAFETY:					
FEDERAL TIN # RESPONSIBLE FOR SAFETY:					
EQUIPMENT DELETION OR TRANSFER SECTION					
EQUIPMENT NUMBER:					
MODEL YEAR & MAKE:					
VEHICLE IDENTIFICATION NUMBER:					
PLATE NUMBER:					
COMBINED GROSS WEIGHT					
REASON REMOVED:					

INSTRUCTIONS FOR COMPLETING THE EQUIPMENT REGISTRATION FORM

REGISTRANT/FLEET INFORMATION

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

- Provide month and year of expiration.
- Name of person, firm or corporation requesting apportioned registration.
- Name of person to be contacted to resolve problems with application. Include phone 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 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.
- 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.
- 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

Equipment Number
Model Year and Make
Vehicle Identification #
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 #


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

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

- 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

MILEAGE SCHEDULE (Instructions On Back Of Form)											
		NEW JERSEY MOTOR VEHICLE COMMISSION MOTOR CARRIER SERVICES - IRP SECTION PHONE: (609) 633-9400 FAX: (609) 633-9394 EMAIL: mcscustomerservice@mvc.nj.gov		TYPE OF OPERATION: <input type="checkbox"/> PRIVATE CARRIER <input type="checkbox"/> RENTAL <input type="checkbox"/> HAUL FOR HIRE <input type="checkbox"/> BUS <input type="checkbox"/> HOUSEHOLD GOODS MOVER		TYPE OF COMMODITY: <input type="checkbox"/> ALL <input type="checkbox"/> LOGS <input type="checkbox"/> GRAVEL <input type="checkbox"/> PASSENGERS OTHER _____		SUPPLEMENTAL TYPE <input type="checkbox"/> ORIGINAL <input type="checkbox"/> RENEWAL			
REGISTRATION YEAR		NAME OF REGISTRANT				REGISTRANT PHONE ()		Insurance: I certify under penalty of law that the vehicle(s) noted on the face hereof is covered by at least the minimum amount of insurance required by New Jersey insurance laws, and that this vehicle will be continuously insured throughout its registration period. This certification may be used for insurance verification purposes.			
PERSON TO CONTACT:						TELEPHONE NUMBER ()					
ACCOUNT NUMBER		BUSINESS ADDRESS WHERE FLEET IS BASED (PROOF REQUIRED)				FAX NUMBER ()					
FLEET NUMBER		CITY, STATE, ZIP CODE				NAME OF INSURANCE COMPANY AS SHOWN ON POLICY					
U.S. DOT NUMBER		MAILING ADDRESS FOR BILLS, CAB CARDS, PLATES						NAIC INSURANCE CODE NUMBER			
FEDERAL TIN # OR SSN #		CITY, STATE, ZIP CODE						POLICY OR BINDER NUMBER			
E-MAIL ADDRESS											
INSTRUCTIONS: MARK "X" IN SPACE FOR EACH IRP JURISDICTION AND LIST THE ACTUAL MILEAGE WHERE THIS FLEET HAS TRAVELED FOR THE PERIOD OF JULY 1 THROUGH JUNE 30 OF THE YEAR PRECEDING THE LICENSE YEAR FOR WHICH YOU HAVE DRIVEN.											
(X)	ST	JURISDICTION	ACTUAL MILEAGE	(X)	ST	JURISDICTION	ACTUAL MILEAGE	(X)	ST	JURISDICTION	ACTUAL MILEAGE
	NJ	NEW JERSEY			MA	MASSACHUSETTS			TX	TEXAS	
	AL	ALABAMA			MI	MICHIGAN			UT	UTAH	
	AK	ALASKA			MN	MINNESOTA			VT	VERMONT	
	AZ	ARIZONA			MS	MISSISSIPPI			VA	VIRGINIA	
	AR	ARKANSAS			MO	MISSOURI			WA	WASHINGTON	
	CA	CALIFORNIA			MT	MONTANA			WV	WEST VIRGINIA	
	CO	COLORADO			NE	NEBRASKA			WI	WISCONSIN	
	CT	CONNECTICUT			NV	NEVADA			WY	WYOMING	
	DE	DELAWARE			NH	NEW HAMPSHIRE			AB	ALBERTA	
	DC	DISTRICT OF COLUMBIA			NM	NEW MEXICO			BC	BRITISH COLUMBIA	
	FL	FLORIDA			NY	NEW YORK			MB	MANITOBA	
	GA	GEORGIA			NC	NORTH CAROLINA			NB	NEW BRUNSWICK	
	ID	IDAHO			ND	NORTH DAKOTA			NL	NEWFOUNDLAND / LABRADOR	
	IL	ILLINOIS			OH	OHIO			NS	NOVA SCOTIA	
	IN	INDIANA			OK	OKLAHOMA			NT	NORTHWEST TERRITORY	
	IA	IOWA			OR	OREGON			ON	ONTARIO	
	KS	KANSAS			PA	PENNSYLVANIA			PE	PRINCE EDWARD ISLAND	
	KY	KENTUCKY			RI	RHODE ISLAND			QC	QUEBEC	
	LA	LOUISIANA			SC	SOUTH CAROLINA			SK	SASKATCHEWAN	
	ME	MAINE			SD	SOUTH DAKOTA			YT	YUKON	
	MD	MARYLAND			TN	TENNESSEE			MX	MEXICO	
IMPORTANT: HAVE YOU PREVIOUSLY REGISTERED IN IRP? <input type="checkbox"/> YES -- GIVE ACTUAL MILES <input type="checkbox"/> NO -- USE CHART ESTIMATED MILES											
MUST BE SIGNED ►					SIGNATURE (APPLICANT OR AUTHORIZED REPRESENTATIVE) _____ DATE _____			GRAND TOTAL MILEAGE			
								TOTAL VEHICLES REPRESENTED BY ABOVE FLEET			
Certification: 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.											

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.
- Registration Year** - 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.
- Business Address** - (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.**
- 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 is not on your I.D card, contact your insurance agent.
- Reporting Mileage** - 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:

- Received IRS Form 2290, Schedule 1 (**Stamped PAID or RECEIVED by the IRS**)
- Photocopy of the receipted IRS Form 2290, Schedule 1 (**Stamped PAID or RECEIVED by the IRS**)
- Photocopy of non-receipted IRS Form 2290 with Schedule 1 attached along with a copy of both sides of the cancelled check showing payment of the tax.
- 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.