

## Instructions for completing Forms 1 through 4 of the IRP Application

For general IRP information, please contact the IRP Program Office at 416-235-3923 or 1-866-587-6770 (within Ontario). You can also send e-mail enquiries to [irp@ontario.ca](mailto:irp@ontario.ca)

Once completed, you can send your IRP application forms to the IRP Processing Team along with supporting documentation for the transaction. Contact the IRP Processing Team to confirm which documents you need to attach to your application.

### IRP Processing Team

Email: [IRPProcessing@ontario.ca](mailto:IRPProcessing@ontario.ca)

Mail/Courier:

ServiceOntario

Attention: IRP Processing - Courier Request

447 McKeown Ave., Unit 111

North Bay, ON P1B 9S9

ServiceOntario

Attention: IRP Processing - Courier Request

20 Dundas Street West, Floor 4

Toronto, ON M5G 2C2

### ServiceOntario Centre's offering IRP services by appointment only

ServiceOntario Centre	Address
Barrie (South)	274 Burton Ave, Unit 21 Barrie, ON L4N 5W4

Brampton (Northeast)	55 Mountainash Road Brampton, ON L6R 1W4
Brampton (South)	4 McLaughlin Rd S, Unit 8 Brampton, ON L6Y 3B2
Brampton (Queen)	125 Chrysler Ave, Unit 4 Brampton, ON L6S 6L1
Cobourg	1005 Elgin St W, Unit 105 Cobourg, ON K9A 5J4
Concord	7880 Keele St, Unit 12 Concord, ON L4K 4G7
Etobicoke (Central)	250 Wincott Dr, Unit 19B Toronto, ON M9R 2R5
Hamilton	119 King Street W, 4th FLR Hamilton, ON L8P 4Y7
Kingston	1201 Division Street Kingston, ON K7K 6X4
London (Lambeth)	2295 Wharnccliffe Rd S, Unit 2 London, ON N6P 1A7
Mississauga (Streetsville)	6295 Mississauga Rd N Mississauga, ON L5N 1A5
North Bay	447 McKeown Ave, Unit 111 North Bay, ON P1B 9S9
Ottawa (Nepean)	1948 Merivale Rd Nepean, ON K2G 3J6
Thunder Bay	435 James St S, Unit 113 Thunder Bay, ON P7E 6T1
Waterloo	105 Lexington Rd, Unit 16 Waterloo, ON N2J 4R7

Windsor West	2467 Dougall Avenue Windsor, ON N8X 1T3
Woodstock	925 Dundas St, Unit 5A Woodstock, ON N4S 8V3



Ministry of Transportation  
IRP Program Office  
Vehicle Programs Office

[Print Form](#)

[Clear Form](#)

## IRP Application Form 1 - Carrier Fleet Information *Highway Traffic Act*

### 1. Fleet Transaction

<input type="checkbox"/> New Fleet	<input type="checkbox"/> Renew Fleet	<input type="checkbox"/> Add Jurisdiction	<input type="checkbox"/> Add Vehicle	<input type="checkbox"/> Replace Vehicle	<input type="checkbox"/> Amend Fleet
<input type="checkbox"/> Change Weight	<input type="checkbox"/> Replace Cab Card	<input type="checkbox"/> Replace Plate	<input type="checkbox"/> Delete Vehicle	<input type="checkbox"/> Reinstatement	<input type="checkbox"/> Fleet Information
<input type="checkbox"/> Fleet to Fleet	Old RIN				

☐ Pre-Paid Account ☐ Stored Credit

### 2. Carrier Information

Carrier Type: ☐ For Hire ☐ Private ☐ Daily Rental ☐ Household Goods / Common Carrier

Account No.

Fleet No.

Fleet RIN

Supp No.

Effective Date (yyyy/mm/dd)

Expiry Date (yyyy/mm/dd)

### Carrier Information

Carrier's Name (Legal Name)

Operating as (if applicable)

### Contact Information

Last Name

First Name

Middle Initial

Telephone No. / Cellular No.

Fax No.

Email Address (if available)

CVOR

IFTA No.

Applied for IFTA

Business No. (from CRA)

US DOT

### 3. Business Information (Physical Location in Ontario)

#### Physical location in Ontario

Unit No.

Street No.

Street Name

SRL-PR-13-1E (2014/01)

© Queen's Printer for Ontario, 2014

Disponible en français

[www.mto.gov.on.ca/english/trucks/irp](http://www.mto.gov.on.ca/english/trucks/irp)

Page 1 of 2

City/Town	Province ON		Postal Code
<b>Mailing Address (if different from above)</b>			
Unit No.	Street No.	Street Name	PO Box
City/Town	Province/State		Country
			Postal/Zip Code
<b>Shipping and Courier Information</b>			
Courier Name	Courier Account No.		
<b>Shipping Address</b>			
Unit No.	Street No.	Street Name	PO Box
City/Town	Province/State		Country
			Postal/Zip Code
<b>4. Compulsory Automobile Insurance Act (Certificate of Insurance)</b>			
I hereby certify that the motor vehicle(s) listed on this application is (are) insured under a contract of automobile insurance made with the insurance company (companies) shown:			
Insurance Company	Policy No.	Expiry Date (yyyy/mm/dd)	
<b>5. Signature</b>			
I, the undersigned, declare that all requirements for vehicle registration, for insurance and the payment of all fees and taxes may be required by statute or regulation of those jurisdictions in which travel is intended have been met. I hereby certify that the information furnished in this application and supporting documentation is true and complete. I am fully aware of the requirements and obligations imposed by the International Registration Plan and understand that information contained on these forms may be shared with IRP member jurisdictions, the IRP Clearinghouse and the Ministry of Revenue to ensure compliance with the Plan, the <i>Fuel Tax Act</i> , the <i>Gasoline Tax Act</i> , the <i>Retail Sales Act</i> , and other jurisdictions' IRP-related requirements. I have obtained consent from each vehicle owner or lessee to provide their respective vehicle information that appears on Form 4, and I have informed each vehicle owner or lessee of the purposes for the collection, uses and disclosures, as indicated above. I maintain an established place of business as required by the International Registration Plan.			
Name	Signature	Date (yyyy/mm/dd)	
City/Town	Province/State		
<b>For Office Use Only</b>			
Office	Operator	Business Date (yyyy/mm/dd)	
Information on these forms is collected under the authority of the <i>Highway Traffic Act</i> . If you have any questions about the collection and use of your personal information collected on these forms, please contact the Group Leader - IRP Program Office at 416 235-3923 or 1 800 587-8770 or write to the IRP Program Office, Vehicle Programs Office, Building C, 1201 Wilson Ave, Downsview ON M3M 1J8. This form will be kept "14" number of years after completion.			

## IRP Application Form 1: Carrier Fleet Information

This form must be completed for initial application and all supplemental transactions throughout the registration year.

**1 Fleet Transaction:** Any supplement at the fleet level should be indicated with the appropriate type of Fleet Transaction. For fleet to fleet transfers, please provide the RIN of the fleet the vehicle is coming from in the “Old RIN” field.

**2 Pre-Paid:** Indicate with a check mark if you would like to apply for a pre-paid account.

**3 Carrier Type:** Indicate the type of operation for the carrier as one of:

- For Hire
- Private
- Daily Rental
- Household Goods/Common Carrier

**4 Account No.:** The five (5) digit assigned Ontario account number. Leave this space blank if applying for IRP registration for the first time. New account numbers will be assigned to all new IRP registrants.

**5 Fleet No.:** If more than one fleet is registered under the same company name, indicate which fleet # 001, 002, etc. this application refers to. Fleet numbers are unique under an individual account.

**6 Fleet RIN:** Leave this space blank if applying for IRP registration for the first time. A nine-digit personal identification number assigned by the ServiceOntario IRP Processing Team.

**7 Sup No. (Supplement):** Use 000 for original or renewal application. Start with 001 on first supplement submitted within the registration year. Number each subsequent supplement consecutively.

**8 Effective Date:** The effective registration date of the transaction being applied for.

**9 Expiry Date:** The expiry date of the fleet registration. For new fleets this expiry date will remain your expiry date henceforth, and your renewal will always be for 12 months. IRP does not allow renewals for periods less than 12 months.

**10 Carrier's Name:** The full legal name of the carrier requesting apportioned registration. (Applicants other than an individual(s) must ensure that their company name has been registered with the appropriate provincial and/or federal agencies before their application can be processed and completed.) This is the name that will appear on the apportioned cab card.

**11 Operating As:** Use this field to indicate the name under which the company is doing business.

**12 Contact Person:** The name of the person designated by the carrier to contact regarding the fleet information (usually an employee of the carrier or a service provider representative).

**NOTE:** If this is someone other than the carrier, a letter of authorization must be submitted by the carrier allowing the person to conduct transactions on behalf of the carrier.

**13 Telephone No./Cellular No.:** For contact person.

**14 Fax No.:** For contact person.

**15 E-mail Address (if available):** For contact person.

**16 CVOR (Commercial Vehicle Operator's Registration):** This number is mandatory for Ontario and must be provided at the time of registration.

**17 IFTA No.:** Enter your International Fuel Tax Agreement (IFTA) number here. If IFTA has been applied for, please check the box; otherwise, leave the field blank if IFTA does not apply to you (when all vehicles have a Gross Volume Weight (GVW) of less than 11,797 kg).

**NOTE:** Indicate with a check mark 'Applied for IFTA' if IFTA is not available.

**18 Business No. (From CRA):** Enter your Business Number. The Business Number is a new numbering system that replaces the multiple numbers businesses previously needed to conduct business with Canada Customs and Revenue Agency. The BN is a unique number identifying a business and their account and is issued by the federal government. When recording, use only the first 9 digits - omit any alpha characters.

**19 US DOT:** Please provide your U.S Department of Transportation # here.

**20 Business Address (Physical Location in Ontario):** This is where you have an established place of business or residence and maintain the fleet operational records and accrued distance. The business address must be in Ontario and must include a street address or land location. It cannot be only a Post Office Box. An Established Place of Business and Residence Questionnaire is required to be

completed for all New Fleet and Address Change transactions and must be signed and submitted with your IRP application.

**21 Mailing Address (If different from Business Address):** The mailing address is where all correspondence is to be sent including licence plates and cab cards. (A Post Office Box may be used.)

**22 Shipping Address and Courier Information:** Provide if applicable

**23 Insurance Company:** The insurance company name (not broker) as it appears on the policy.


**24 Policy No.:** The insurance policy number.

**25 Expiry Date:** The expiry date of the insurance policy.

**26 Signature:** The application must be signed and dated by either the carrier or a person who is employed by the carrier or a consultant hired by the carrier. She/he is responsible for ensuring that the information listed on the application is correct.

**NOTE:** If the person signing the application is NOT the contact person and is employed by the carrier or is a consultant hired by the carrier, a letter giving authorization to the person signing the application must be included for our records.





Ministry of Transportation  
IRP Program Office  
Vehicle Programs Office

**IRP Application**  
**Form 2 - Fleet Distance Declaration**  
*Highway Traffic Act*

[Print Form](#) [Clear Form](#)

Account No. ON

Fleet No.

Carrier Name

Fleet RIN

**Instructions**

- Was distance accrued during any point in the previous reporting period? If no, sign and date and return with your application. If yes, follow the instructions below.
- Enter the distances from the July 1 to June 30 reporting period immediately prior to the year of registration. Reporting year changes on October 1st.
- Enter an X in the box to the left of the jurisdictions which had distance accrued in them during the reporting period.

Jurisdiction	Distance (Km)	Jurisdiction	Distance (Km)	Jurisdiction	Distance (Km)
<input type="checkbox"/> ON Ontario		<input type="checkbox"/> DE Delaware		<input type="checkbox"/> NJ New Jersey	
<input type="checkbox"/> AB Alberta		<input type="checkbox"/> FL Florida		<input type="checkbox"/> NM New Mexico	
<input type="checkbox"/> BC British Columbia		<input type="checkbox"/> GA Georgia		<input type="checkbox"/> NV Nevada	
<input type="checkbox"/> MB Manitoba		<input type="checkbox"/> IA Iowa		<input type="checkbox"/> NY New York	
<input type="checkbox"/> NB New Brunswick		<input type="checkbox"/> ID Idaho		<input type="checkbox"/> OH Ohio	
<input type="checkbox"/> NF Newfoundland		<input type="checkbox"/> IL Illinois		<input type="checkbox"/> OK Oklahoma	
<input type="checkbox"/> NS Nova Scotia		<input type="checkbox"/> IN Indiana		<input type="checkbox"/> OR Oregon	
<input type="checkbox"/> NT Northwest Territories		<input type="checkbox"/> KS Kansas		<input type="checkbox"/> PA Pennsylvania	
<input type="checkbox"/> NU Nunavut		<input type="checkbox"/> KY Kentucky		<input type="checkbox"/> RI Rhode Island	
<input type="checkbox"/> PE Prince Edward Island		<input type="checkbox"/> LA Louisiana		<input type="checkbox"/> SC South Carolina	
<input type="checkbox"/> QC Quebec		<input type="checkbox"/> MA Massachusetts		<input type="checkbox"/> SD South Dakota	
<input type="checkbox"/> SK Saskatchewan		<input type="checkbox"/> MD Maryland		<input type="checkbox"/> TN Tennessee	
<input type="checkbox"/> YT Yukon Territory		<input type="checkbox"/> ME Maine		<input type="checkbox"/> TX Texas	
		<input type="checkbox"/> MI Michigan		<input type="checkbox"/> UT Utah	
<input type="checkbox"/> AK Alaska		<input type="checkbox"/> MN Minnesota		<input type="checkbox"/> VA Virginia	
<input type="checkbox"/> AL Alabama		<input type="checkbox"/> MO Missouri		<input type="checkbox"/> VT Vermont	
<input type="checkbox"/> AR Arkansas		<input type="checkbox"/> MS Mississippi		<input type="checkbox"/> WA Washington	
<input type="checkbox"/> AZ Arizona		<input type="checkbox"/> MT Montana		<input type="checkbox"/> WI Wisconsin	
<input type="checkbox"/> CA California		<input type="checkbox"/> NC North Carolina		<input type="checkbox"/> WV West Virginia	
<input type="checkbox"/> CO Colorado		<input type="checkbox"/> ND North Dakota		<input type="checkbox"/> WY Wyoming	
<input type="checkbox"/> CT Connecticut		<input type="checkbox"/> NE Nebraska			
<input type="checkbox"/> DC District of Columbia		<input type="checkbox"/> NH New Hampshire		<input type="checkbox"/> MX Mexico	
Signature		Date (yyyy/mm/dd)	Total Fleet Distance (Km)		

SR-L-PR-13-2E (2014/10) © Queen's Printer for Ontario, 2014

Disponible en français

## IRP Application Form 2: Fleet Distance Declaration

This form must be completed when registering a new fleet.

**1 Account No.:** The five (5) digit assigned Ontario account number. Leave this space blank if applying for IRP registration for the first time. Should read the same as Form 1.

**2 Fleet No.:** If more than one fleet is registered under the same company name, indicate which fleet # 001, 002, etc., this application refers to.

**3 Carrier Name:** The full legal name of the carrier requesting apportioned registration. Should read the same as Form 1.

**4 Fleet RIN:** Leave this space blank if applying for IRP registration for the first time. A nine-digit personal identification number assigned by the ServiceOntario IRP Processing Team.

**5:** Enter an X in the box to the left of the jurisdiction which had distance accrued in them during the reporting year.

**6 Distance (km):** Enter actual distances for each jurisdiction in Kilometres.

**NOTE:** Actual distances are obtained for the applicable reporting period (July 01 through June 30 of the year immediately preceding your registration year).

**7 Total Fleet Distance (Km):** Show the total kilometres indicated on the distance schedule. You must keep records of the kilometres travelled in each jurisdiction and the total kilometres travelled. These records must be available for audit for seven years (according to Federal legislation on retention of financial records) and for five and one-half years for IRP purposes. See pages 30-31 of the IRP Carrier Manual for more details on the audit records you must keep.

**NOTE:** Once your distance has been submitted and a Fee Notice is produced, you cannot amend your distance schedule once paid. If you think the distance you submitted was incorrect, you may request an audit. However, your audit will be added to the normal audit rotation period.

**8 Signature:** The application must be signed and dated by either the carrier or a person who is employed by the carrier or a consultant hired by the carrier. She/he is responsible for ensuring that the information listed on the application is correct.

**NOTE:** If the person signing the application is NOT the contact person and is employed by the carrier or is a consultant hired by the carrier, a letter giving

authorization to the person signing the application must be included for our records.



Ministry of Transportation  
IRP Program Office  
Vehicle Programs Office

## IRP Application

### Form 3 - Gross Vehicle Weight Schedule Highway Traffic Act

[Print Form](#)
[Clear Form](#)

Account No. ON

Fleet No.

Carrier Name

Weight Group No.

#### Maximum Allowable Cab card Weight - For reference only

Jurisdiction	Code	GVW	BUS	Jurisdiction	Code	GVW
Ontario	ON	63,500	40,000	Maryland	MD	80,000
Alberta	AB	63,500	63,500	Maine	ME	100,000
British Columbia	BC	63,500	63,500	Michigan	MI	160,001
Manitoba	MB	63,500	63,500	Minnesota	MN	Unlimited
New Brunswick	NB	62,500	62,500	Missouri	MO	80,000
Newfoundland	NL	62,500	62,500	Mississippi	MS	80,000
Nova Scotia	NS	62,500	62,500	Montana	MT	132,000
Northwest Territories	NT			North Carolina	NC	80,000
Nunavut	NU			North Dakota	ND	105,500
Prince Edward Island	PE	62,500	20,500	Nebraska	NE	94,000
Quebec	QC	8AX	63,500	New Hampshire	NH	80,000
Saskatchewan	SK	63,500	63,500	New Jersey	NJ	80,000
Yukon Territory	YT			New Mexico	NM	80,000
Alaska	AK			Nevada	NV	80,000
Alabama	AL	80,000		New York	NY	Unlimited
Arkansas	AR	80,000		Ohio	OH	80,000
Arizona	AZ	80,000		Oklahoma	OK	90,000
California	CA	80,000		Oregon	OR	105,500
Colorado	CO	80,000		Pennsylvania	PA	80,000
Connecticut	CT	Unlimited		Rhode Island	RI	80,000
District of Columbia	DC	80,000		South Carolina	SC	80,000
Delaware	DE	80,000		South Dakota	SD	Unlimited
Florida	FL	80,000		Tennessee	TN	80,000
Georgia	GA	80,000		Texas	TX	80,000
Iowa	IA	Unlimited		Utah	UT	80,000
Idaho	ID	130,000		Virginia	VA	80,000
Illinois	IL	80,000		Vermont	VT	80,000
Indiana	IN	80,000		Washington	WA	105,500
Kansas	KS	85,500		Wisconsin	WI	80,000
Kentucky	KY	80,000		West Virginia	WV	80,000
Louisiana	LA	88,000		Wyoming	WY	117,000
Massachusetts	MA	Unlimited		Mexico	MX	

Minimum GVW for CDN is 11,793,401 Kg (except B.C. which is 5,500 kg), or 25,000 lbs for U.S.

Signature

Date (yyyy/mm/dd)

© Queen's Printer for Ontario, 2014

Disponible en français

Page 1 of 1

[Delete item](#)
[Add item](#)

Please enter the axles for Quebec on Form 4 in the field "Combined Axles".  
Note: If weight varies by 10%, provide an attached explanation for the variance.

Enter the weight you need to carry in each jurisdiction.

Jurisdiction	Weight	Unit	Jurisdiction	Weight	Unit
ON		Kg	MD		Lb
AB		Kg	ME		Lb
BC		Kg	MI		Lb
MB		Kg	MN		Lb
NB		Kg	MO		Lb
NL		Kg	MS		Lb
NS		Kg	MT		Lb
NT			NC		Lb
NU			ND		Lb
PE		Kg	NE		Lb
SK		Kg	NH		Lb
YT		Kg	NJ		Lb
AK			NM		Lb
AL		Lb	NV		Lb
AR		Lb	NY		Lb
AZ		Lb	OH		Lb
CA		Lb	OK		Lb
CO		Lb	OR		Lb
CT		Lb	PA		Lb
DC		Lb	RI		Lb
DE		Lb	SC		Lb
FL		Lb	SD		Lb
GA		Lb	TN		Lb
IA		Lb	TX		Lb
ID		Lb	UT		Lb
IL		Lb	VA		Lb
IN		Lb	VT		Lb
KS		Lb	WA		Lb
KY		Lb	WI		Lb
LA		Lb	WV		Lb
MA		Lb	WY		Lb
		Lb	MX		Lb

## IRP Application Form 3: Gross Vehicle Weight Schedule

This form must be completed when:

- registering a new fleet;
- changing the properties (weight limits) of a particular weight group;
- adding a new weight group if vehicles in the fleet need to carry different weights. (ensure that you assign the vehicle(s) to the new weight group on Form 4 using a CVF transaction)

**1 Account No.:** The five (5) digit assigned Ontario account number. Leave this space blank if applying for IRP registration for the first time. Should read the same as Form 1.

**2 Fleet No.:** If more than one fleet is registered under the same company name, indicate which fleet # 001, 002, etc., this application refers to.

**3 Carrier Name:** The full legal name of the carrier requesting apportioned registration. Should read the same as Form 1.

**4 Weight Group No:** This is a carrier-assigned number to classify groupings of vehicles that will operate with the same gross vehicle weights within the same jurisdictions. Starting with 001, 002, etc.

The following is an example of weight group number assignment.

For example, a fleet has fifty (50) vehicles travelling into five (5) jurisdictions. Assume apportionment was requested for the following weights.

Fleet 001	ON	MB	MI	OH	PA	Weight Group Number
1 vehicle @	36,300 kg	43,000 kg	80,000 lbs	80,000 lbs	80,000 lbs	#001
10 vehicles @	29,500 kg	29,500 kg	65,000 lbs	65,000 lbs	65,000 lbs	#002
19 vehicles @	29,500 kg	36,500 kg	80,000 lbs	80,000 lbs	80,000 lbs	#003


Fleet 001	ON	MB	MI	OH	PA	Weight Group Number
20 vehicles @	29,500 kg	29,500 kg	74,000 lbs	74,000 lbs	74,000 lbs	#004

**5 Maximum Allowable Cab Card Weight:** Check here for each jurisdiction's allowable cab card weight. This is not the actual weight limit for a jurisdiction that allows over-dimensional loads. Permits may be obtained for weights in excess of the maximum allowable cab card weight. Fees are based on gross vehicle weight, so **register for only what your vehicles need to carry**, i.e.: DO NOT register for the maximum gross weight if you do not require.

**6 NOTE:** A written explanation verifying the actual operating practices is required when there is a 10% difference between the lowest and the highest GVW on the weight schedule. Please provide it on a separate sheet.

**7 Signature:** The application must be signed and dated by either the carrier or a person who is employed by the carrier or a consultant hired by the carrier. She/he is responsible for ensuring that the information listed on the application is correct.

**NOTE:** If the person signing the application is NOT the contact person and is employed by the carrier or is a consultant hired by the carrier, a letter giving authorization to the person signing the application must be included for our records.

 Ministry of Transportation IRP Program Office Vehicle Programs Office		IRP Application Form 4 - Vehicle Information <i>Highway Traffic Act</i>										
Carrier Name		(TXN Code) Vehicle Transaction Codes										
Account No.		Fleet RIN		AVE - Add Vehicle		RTG - Replace Plate		RCC - Replace Cab Card				
Supp No.		Fleet No.		DEV - Deleted Vehicles		AXF - Replace Veh (Del)		AXT - Replace Veh (Add)				
				CWT - Wgt Group Change		CVF - Change Veh - Fees		CVN - Change Veh No Fee				
1. <span style="background-color: #00FFFF; padding: 2px;">Delete item</span>												
TXN Code	VIN No.	Unit No.	Vehicle Type	Truck Axles	Combined Axles	Purchase Price	Purchase Date (yyyy/mm/dd)					
Year	Vehicle Make	Model	Fuel Type	Empty Weight Kg.	Weight Grp	Plate	Bus Seats	Ontario Taxable Amount	Office Use Only			
RIN	Owner/Operator or Lessor		New Plate		Yes	No	Replace	Per	Val			
2. <span style="background-color: #00FFFF; padding: 2px;">Delete item</span>												
TXN Code	VIN No.	Unit No.	Vehicle Type	Truck Axles	Combined Axles	Purchase Price	Purchase Date (yyyy/mm/dd)					
Year	Vehicle Make	Model	Fuel Type	Empty Weight Kg.	Weight Grp	Plate	Bus Seats	Ontario Taxable Amount	Office Use Only			
RIN	Owner/Operator or Lessor		New Plate		Yes	No	Replace	Per	Val			
<span style="background-color: #00FFFF; padding: 2px;">Add item</span>												
Complete the information below only if it is different from the fleet information												
Line No.	IFTA No.	Insurance Policy No.	Insurance Company Name	Expiry Date								
-												
-												
Name			Signature			Date (yyyy/mm/dd)						
<span style="background-color: #00FFFF; padding: 2px;">Add item</span>												

For confirmation on whether your vehicle(s) require a drive clean please visit [http://www.epa.gov.on.ca/environment/en/category/drive\\_clean/index.htm](http://www.epa.gov.on.ca/environment/en/category/drive_clean/index.htm)

SR-L-PR-13-4E (2014/01) © Queen's Printer for Ontario, 2014

Disponible en français

Print Form
Clear Form

Page 1 of 1

## IRP Application Form 4: Vehicle Information

This form must be completed when:

- registering a new fleet;
- adding or deleting vehicles during a registration year
- adding a vehicle at fleet renewal
- adding a new weight group, as vehicles must be assigned to that weight group;
- requesting a plate replacement;
- requesting a cab card replacement.
- Replace vehicle (delete and add)
- Change vehicle (with or without fees)

This form must be completed for every transaction a vehicle is added, deleted or amended .

**1 Carrier Name:** The full legal name of the carrier requesting apportioned registration. Should read the same as Form 1.

**2 Account No.:** The five (5) digit assigned Ontario account number. Leave this space blank if applying for IRP registration for the first time. Should read the same as Form 1.

**3 Fleet RIN:** A nine-digit personal identification number assigned by the ServiceOntario IRP Processing Team. Should read the same as all the other forms.

**4 Sup No. (Supplement):** Use 000 for original or renewal application. Start with 001 on first supplement submitted within the registration year. Number each subsequent supplement consecutively.

**5 Fleet No.:** If more than one fleet is registered under the same company name, indicate which fleet # 001, 002, etc., this application refers to.

**6 Vehicle Transactions Codes:** Please select the correct transaction code from the list, based on the description below:

- **AVE (Add Vehicle)** - Used for a new fleet, adding a vehicle on to the fleet during the fleet year and adding a vehicle at fleet renewal.
- **RTG (Replace Plate)** - Used only for requesting a replacement plate for one that is lost/stolen/damaged.



- **RCC (Replace Cab Card)** - Used to request a new cab card for a unit.
- **DEV (Delete Vehicle)** - Used only for cancelling a vehicle from the fleet.
- **AXF (Delete Vehicle) Using Credit** - Used when transferring plates from one vehicle to another.
- **AXT (Add Vehicle) Using Credit** - Used when transferring plates from one vehicle to another and must be used along with the 'AXF'.
- **CWT (Wgt Group Change)** - Used when changing the weight group currently associated with a vehicle.
- **CVF (Change Veh w/Fees)** - Used when changing vehicle information on a unit where fees for any jurisdiction are applicable (e.g. empty weight change)
- **CVN (Change Veh w/No Fee)** - Used when changing vehicle information on a unit where Ontario fees are applicable (e.g. unit no. change).

**7 TXN Code:** Enter the correct transaction from the list of Vehicle Transaction Codes.

**8 VIN No. (Vehicle Identification Number):** The serial number of the vehicle being registered. All 1981 and newer vehicles must have seventeen (17) character serial numbers. You must record the complete serial number, not a partial number. Processing will be delayed on applications with incomplete serial numbers.

**9 Unit No.:** A number assigned to each vehicle by the carrier - it may have up to ten (10) characters.

**10 Vehicle Type:** The applicable vehicle abbreviation is to be entered. See Appendix A of the IRP Carrier Manual for diagrams.

- **TT = Truck Tractor** - A motor vehicle designed and used primarily for hauling other vehicles, but also constructed to carry a load other than a part of the weight of the vehicle and load so drawn.
- **TR = Truck** - A motor vehicle designed, used and maintained primarily for the transportation of goods.

**11 Truck Axles:** The number of axles on the truck/tractor/bus unit only.

**12 Combined Axles:** Total number of axles on truck and trailer for Quebec. Use the higher combination number if multiple trailers are used. For example, if a truck travels with a trailer of 2 axles and other times with a trailer of 3 axles, the 3 axles should be added to the truck's axles to get the combined axles.

**13 Purchase Price :** This applies to both owned and leased vehicles, if leased, use the capital cost of the vehicle at the time it was leased and you must include any cost of

accessories and/or modifications in Canadian funds, or U.S. funds if vehicle was purchased in U.S.

**NOTE:** Submit Bill of Sale if vehicle is owned/submit Lease Agreement if vehicle is leased (again, lease must show the capital cost of the vehicle).

**14 Purchase Date:** If a vehicle is owned, enter the month, day and year of purchase. If a vehicle is leased, enter the month, day and year that the lease started.

**15 Year:** The full year (i.e. 2005) of the vehicle model year being registered.

**16 Make:** The make of the vehicle being registered.

**17 Model:** The model of the vehicle being registered.

**18 Colour:** The primary colour of the vehicle

Colour	Code	Colour	Code
BEIGE	BGE	MAROON	MRN
BLACK	BLK	ORANGE	ONG
BLUE	BLU	PURPLE, LAVENDER, MAUVE	PLE
BROWN	BRN	PINK	PNK
BRONZE	BRZ	RED	RED
COPPER	CPR	SILVER, ALUMINUM, STAINLESS STEEL	SIL
CREAM, IVORY	CRM	TAN	TAN
GOLD	GLD	TURQUOISE	TRQ
GREEN	GRN	WHITE	WHI
GREY	GRY	YELLOW	YEL
MULTI-COLOURED	MLT		

**19 Fuel Type:** The applicable abbreviation for fuel is to be entered.

- **D** - Diesel
- **G** - Gasoline
- **L** - Liquid Propane

**20 Empty Weight Kg.:** The empty weight of the truck/tractor. Check the vehicle registration permit for this number.

**21 Weight Grp (Group):** Use a weight group number you have assigned on Form 3 that you want to have applied to the individual vehicle in this field. Do not enter an actual weight in this column.

**22 Plate:** Enter the plate that is currently on the vehicle. Do not enter out-of-province plate numbers.

**23 Bus Seats:** The maximum number of passengers that can be transported including the driver.

**24 Ontario Taxable amount:** To be filled in if a vehicle transfer of ownership is taking place. Enter the purchase amount on the bill of sale and include any cost of accessories and/or modifications in Canadian funds (or U.S. funds if purchased in the U.S.).

**25 RIN:** Please indicate the vehicle owner by registrant identification number (RIN) of the owner-operator or leasing company. If the owner-operator has a driver's license as a RIN, please provide.

**26 Owner/Operator or Lessor:** The name of the owner of the vehicle if different from the applicant.

**27 New Plate Yes/No:** Circle "Yes" if a new plate is required or "No" if a change of plate is not required. For those carriers with the computer generated forms, enter 'yes' or 'no' then delete or leave all other cells blank in this field.

**28 Replace PER / VAL:** Circle appropriate "PER" (Permit) or "VAL" (Valtag). When replacing Valtag only leave "TXN Code" field blank.

**Note:** The application form SR-LV-6 can also be used when requesting a replacement of a Vehicle Permit or a Valtag.

**Note:** Complete the following fields (IFTA No., Insurance Policy No., Insurance company and expiry date) only if it is different from the fleet Information on Form 1.

**29 IFTA No.:** Indicate the IFTA account number for this vehicle. This may be the case if an owner/operator is reporting directly to IFTA rather than using the carrier's IFTA account.

**30 Insurance Policy No.:** The insurance policy number for this vehicle.

**31 Insurance Company Name:** The insurance company name (not broker) as it appears on the policy of this vehicle.

**32 Expiry Date:** The expiry date of the insurance policy.

**33 Signature:** The application must be signed and dated by either the carrier or a person who is employed by the carrier or a consultant hired by the carrier. She/he is responsible for ensuring that the information listed on the application is correct.

**NOTE:** If the person signing the application is NOT the contact person and is employed by the carrier or is a consultant hired by the carrier, a letter giving authorization to the person signing the application must be included for our records