Distance records on which this application is based must be retained for a period of three years after the expiration of each registration year (total of five years and nine months). Retention of records is very important to avoid excessive penalties that may arise during audit examination.

Part I, Vehicle Registration Information

1. Indicate how these vehicles were registered previously (includes those under your ownership and leased to another company). If an existing registrant making changes in business operations, select A. If newly purchased, skip to E; attach separate sheet if needed. If vehicles were not registered, explain in F.

   A. □ Existing IRP Registrant – Business Operations Change Only - Firm Number ______________________
   B. □ Illinois base plate - Name and Plate # ______________________
   C. □ Illinois IRP plate - Name and Plate # ______________________
   D. □ Foreign plate - (out of state) - State of Issuance ______________________
      Foreign base plate - Name and Plate # ______________________
      Foreign IRP plate - Name and Plate # ______________________
   E. □ New Purchase - (vehicles recently purchased or not in your possession in the previous registration year.)
      Purchased from: ____________________________________________
      Relationship to applicant (if any): ____________________________
   F. □ Other - Explain in detail. ____________________________________________
      ____________________________________________
      ____________________________________________

2. Have you ever had IRP registration in Illinois or any other jurisdiction? ........................................ □ YES □ NO
   If yes, please indicate the Name, Jurisdiction and Firm/Account #: ____________________________________________

3. Have you been associated with any company or individual during the past three years that was apportioned in Illinois or any other jurisdiction? .......................................................... □ YES □ NO
   If yes, Name and Jurisdiction ____________________________________________

4. Have you ever been denied registration? .................................................................................. □ YES □ NO
   If yes, explain: ____________________________________________________________________________

5. Have you ever had your registration suspended or revoked? .................................................. □ YES □ NO
   If yes, explain: ____________________________________________________________________________
6. Is your vehicle(s) presently leased to any individual or company? □ YES □ NO
If yes, Name, Address and Phone Number of Lessee: ____________________________________________

If you are not presently leasing or leased to anyone but have inquired about potentially leasing to someone, indicate the Name, Address, USDOT Number and Phone Number of the entity and list a contact person.

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Part II, Business Ownership Information

Please explain about your business ownership and those persons associated with the operations, if any.

1. Business Type - □ Individual or Proprietorship (includes Owner/Operator)
□ Partnership
□ Company
□ Corporation – IL Corporation Number or State of Incorporation if foreign: _______________________
A copy of a “Certificate of Good Standing” is required for a foreign corporation.
□ Limited Liability Company (LLC) - IL LLC Number or State if foreign: _______________________
A copy of a “Certificate of Good Standing” is required for a foreign LLC.
□ Other – Describe _____________________________________________________________

2. Please list the Name, Address and Phone Number of any person (including yourself), officer, partner, spouse, family member, trustee, or other entity (including other business names or corporations) that have more than a 10% ownership stake in this business:

1. ________________________________________________________________________________________
2. ________________________________________________________________________________________
3. ________________________________________________________________________________________
4. ________________________________________________________________________________________
5. ________________________________________________________________________________________

Please attach additional sheets, if necessary.

3. Have any of the other named parties in Part II, #2 had IRP based in IL or any other Jurisdiction? □ YES □ NO
If yes, give Firm/Account Number(s) and Jurisdiction(s): _______________________________________

4. Have any of the other named parties in Part II, #2 ever been denied registration by any Jurisdiction? □ YES □ NO
If yes, give Jurisdiction and explain: _________________________________________________________

5. Have any of the named parties in Part II, #2 ever been audited for IRP by any Jurisdiction? □ YES □ NO
If yes, approximate date/Jurisdiction: _________________________________________________________

6. Is the business address a personal residence? □ YES □ NO
If yes, Name and relationship to registrant: _____________________________________________________

Part III, Driver Information

Please explain who will be operating your vehicles.

1. Are you the driver of the vehicle(s)? □ YES □ NO
If yes, Driver’s License # __________________________ State of Issuance ___________________ CDL □ YES □ NO
Will you employ a fleet of drivers (more than yourself)? □ YES □ NO
If yes and more than one driver, list all potential driver information on an additional sheet.

2. Has any driver or potential driver listed had their license suspended or revoked? □ YES □ NO
If yes, give Jurisdiction and explain: _________________________________________________________
Part IV, USDOT and Authority Information

Please be specific on the requested information. If further explanation is necessary, please attach an additional sheet.

1. **USDOT Number** responsible for safety: __________________ FEIN of entity: ______________________________

   Name(s) and Address(es) of carrier whose USDOT Number is responsible for Safety:

   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

   **USDOT Type Business:**
   - [ ] Motor Carrier  [ ] Broker  [ ] Freight Forwarder  [ ] Hazardous Material Shipper  [ ] Cargo Tank Facility

   Operating Authority Number you will be working under (if any) #:____________________________________________

   Jurisdiction of Issue: _______________________________ Is this your authority? .........................  [ ] YES  [ ] NO

   If No, Name and Address of Authority Holder: __________________________________________________________

   Could the USDOT Number for Safety change in the next 12 months? .................................  [ ] YES  [ ] NO

2. Has anyone listed in Part II, #2 ever had a USDOT Number of their own? .........................  [ ] YES  [ ] NO

   If yes, give USDOT Number and explain: _____________________________________________________________

3. Has there ever been an “Out of Service” order applied to you, your vehicles or any business or vehicles associated with any of the named parties in Part II, # 2? .................................  [ ] YES  [ ] NO

   If yes, give dates and explain: _____________________________________________________________________

4. Have you or any of your vehicles been cited by any Jurisdiction for safety violations? ................  [ ] YES  [ ] NO

   If yes, explain violation, date and resolution: __________________________________________________________

   ______________________________________________________________________________________________

5. Do you secure loads through a Broker? .................................  [ ] YES  [ ] NO

   If yes, give Broker’s Name, Address and Phone Number: ________________________________________________

6. Have you updated your MCS-150 Form recently or to reflect the proper USDOT business type? ............  [ ] YES  [ ] NO

   If yes, date of update: ____________________________________________________________________________

Please be advised that applications will not be processed and issued registration without proof that either they are a Carrier or leased to a Carrier who has a valid USDOT Number for Safety Operations. You may be asked to provide proof of that Carrier’s USDOT Number and FEIN to obtain registration.

Part V, Business Plan for Operations

1. Provide a detailed business plan to justify the selection of the jurisdictions in which you wish to apportion. (A detailed answer is required. Registration may be denied if not adequately answered. Attach additional sheets if needed).

   ______________________________________________________________________________________________
   ______________________________________________________________________________________________

2. Is there any actual distance that has been accrued by your vehicle(s) that will require to be reported?  [ ] YES  [ ] NO

   If yes, explain origin of distance: __________________________________________________________________

3. Have you been instructed on the importance of maintaining individual vehicle distance records?  [ ] YES  [ ] NO

4. Have you read the distance recordkeeping requirements outlined in the IRP Instruction Manual?  [ ] YES  [ ] NO

5. I am aware that the origin, destination, route traveled and odometer readings must be included within the required records to accurately account for distance traveled within a particular jurisdiction?  [ ] YES  [ ] NO
6. At what address do you plan to maintain these records for audit purposes:

___________________________________________________________________________________________

Part VI, General Information and Affirmation

1. Has any licensing service, remittance agency, trucking service agency, consultant or any other individual(s) assisted you in the preparation of your IRP application(s)? ............................................................ □ YES □ NO

   If yes, Name and Address: ___________________________ ______________________________

   Did the above named business/person advise you where to find the documents or provide you with the necessary information/rules to comply with being an apportioned registrant? ............................................................ □ YES □ NO

2. Do you know of any pending civil, criminal or administrative actions not previously disclosed, which may prevent you from obtaining IRP registration in IL or that could cause any type of enforcement action, should registration be granted? ............................................................ □ YES □ NO

   If yes, explain: ____________________________________________________________________________

3. Do you owe any fees, fines, penalties, assessments or other unpaid billings to any jurisdiction? .......... □ YES □ NO

   If yes, explain: ____________________________________________________________________________

I (we) hereby affirm that the information set forth herein is true and correct under penalty of perjury and that, as applicant, these answers were given by me. I furthermore affirm that I am familiar with the responsibility imposed upon me, as applicant, by registering under the International Registration Plan, including recordkeeping requirements and the importance of accurate and complete distance accrual records according to the rules and regulations of the International Registration Plan. Authorized signatures are those of either the applicant, co-applicant (if necessary) or authorized employee of the company and not anyone acting as my agent.

Authorized Signature                             Date                             Authorized Signature                             Date

Title                                         Title

If you were assisted by a Licensing Agent, Remittance Agent or Consultant, a signature must be shown.

Signature of License Agent, Remittance Agent or Consultant assisting

Agency/Entity Name                             License Number (if any)                             Date

Signature of License Agent, Remittance Agent or Consultant affirms that proper documentation regarding distance recordkeeping has been given to the registrant for which this Schedule G has been completed. It also confirms that a copy of the International Registration Plan Instruction Manual has been given to the registrant or the registrant has been informed of the proper place to obtain a copy from the Secretary of State’s website.

Failure to answer or explain when necessary will constitute denial of registration. Forms without all required signatures will not be accepted.