

FRP APPORTIONED REGISTRATION APPLICATION

Arizona – Schedule A or C and B

The Full Reciprocity Plan (FRP) which went into effect on January 1, 2015, changes the Plan to be more efficient, more equitable and more flexible for its member jurisdictions and registrants by granting full reciprocity for all apportioned vehicles in all member IRP jurisdictions and removing from the Plan any provisions related to estimated distance.

To prevent processing delays, please review these guidelines and check your application carefully for completeness.

For assistance please contact MVD: azdot.gov/contactmvd or call 602.255.0072 (TDD 602.712.3222).

New application:

- Complete schedules A and B

If adding vehicles or making changes:

- Complete schedule C

Renewal Applicants:

- Renewal invitations are automatically sent to active carriers 60 days prior to the expiration date. To obtain a copy of your renewal invitation, please contact Motor Carrier Services.

The following are required:

- USDOT number (apply online at fmcsa.dot.gov)
- Proof of vehicle ownership (title, bill of sale, registration, etc.)
- International Fuel Tax Account number or apply for IFTA/IRP Application using form [#70-0508](#)
- Federal Heavy Weight Vehicle Use Tax payment receipt (form # 2290) for vehicles registered as 55,000 lbs. and above (irs.gov or irs.gov/trucker)
- IRP Lease Agreement Certificate, form [#70-0904](#) (for leased vehicles, USDOT, operating authority)
- Power of Attorney – Motor Carrier and Tax Services, form [#96-0441](#) (when applicable)
- IFTA Account Changes Application form [#96-0430](#), (to request changes to an existing International Fuel Tax Agreement account or requesting decals to the added vehicle)

To obtain a title, the following forms must be completed (available at azdot.gov):

- Title and Registration Application, form [#96-0236](#)
- Original title/ MCO or copy of out of state title (for ARO)
- Power of Attorney – Motor Carrier, form [#96-0441](#) (when applicable)
- Lessor Authorization, form [#40-0207](#), (when applicable)



FRP APPORTIONED REGISTRATION APPLICATION

Motor Vehicle Division
70-0502 R09/22 azdot.gov

| | | | | | | | | |
|---|--|--|------|---------------------|--------|--|-------|-----|
| Company Name | | | | Primary Person Name | | | | |
| Doing Business As | | | | Phone () | | | | |
| Physical Location | | | City | | County | | State | Zip |
| Mailing Address (if different from above) | | | | | City | | State | Zip |

Schedule A or C

Reporting Period
July 1, to June 30,

Primary E-mail Address

| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 |
|-----------|--------|-------------------------------|------|------|----------|----------------|------------------|------|-------------------|---|----------------|--------------------|
| Tran Type | Unit # | Vehicle Identification Number | Year | Make | Veh Type | Axes/ Seats | Combined Axes | Fuel | Unladen Weight | Combined Gross Vehicle Weight (GVW) | Purchase Price | Factory List Price |
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Transaction Types
A- Add Vehicle C- Correction D- Delete T- Transfer R- Renew IFTA Decal Required? If yes, complete form [#96-0430](#)

Fuel Types
 Gasoline Diesel Gasohol Propane LNG CNG Ethanol Methanol E85 M85 A55

Schedule B Original Mileage

List below the mileage for each jurisdiction in which you traveled during the Reporting Period above.

| Jurisdiction | Mileage | Jurisdiction | Mileage |
|-----------------------|---------|-------------------|---------|
| AL- Alabama | | KY- Kentucky | |
| AK- Alaska | | LA- Louisiana | |
| AZ- Arizona | | ME- Maine | |
| AR- Arkansas | | MD- Maryland | |
| CA- California | | MA- Massachusetts | |
| CO- Colorado | | MI- Michigan | |
| CT- Connecticut | | MN- Minnesota | |
| DE- Delaware | | MS- Mississippi | |
| DC- Dist. of Columbia | | MO- Missouri | |
| FL- Florida | | MT- Montana | |
| GA- Georgia | | NE- Nebraska | |
| ID- Idaho | | NV- Nevada | |
| IL- Illinois | | NH- New Hampshire | |
| IN- Indiana | | NJ- New Jersey | |
| IA- Iowa | | NM- New Mexico | |
| KS- Kansas | | NY- New York | |

Jurisdiction/Weight (Show weight for each jurisdiction where you will operate at a weight other than GVW shown above.)

Comments

Application Type
 Original Renewal Supplemental

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| | | | | | |
|-------------------|---------------------|---|-------------------|---------------|---------|
| Registration Year | Tax ID Number (TIN) | TIN Type <input type="checkbox"/> EIN <input type="checkbox"/> SSN | Applicant USDOT # | MVD Account # | Fleet # |
|-------------------|---------------------|---|-------------------|---------------|---------|

| | | | | | | |
|---------|-------------------------|----------------|-------------------------|-------------------|--|--|
| MVD Use | Expiration Cycle Date | Effective Date | Date Entered & Initial | Date T & R Update | Reduced Rate <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 | 2290 <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Fees Based On Months | Haul For Hire | Date Reviewed & Initial | Date Posted Paid | Alternate Fuel | Other |

| 14 | 15 | 16 | 17 | 18 | 19 | 20 | 21 |
|----------------------|----------------|-------------|--|----------------------|---------------------------|------------------|--------------|
| Purchase /Lease Date | Effective Date | Horse-power | Lessor Name (Name of Person/Company that owns the USDOT/Operating MC Authority) | Leased US DOT Number | Leased Taxpayer ID Number | * Safety Change? | Plate Number |
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* Is the carrier responsible for safety expected to change? (Y/N)

Operation Type
 Private Carrier Haul For Hire Household Goods (private) Household Goods (for hire)

ENTER 'Y' (YES) or 'N' (NO) WHERE IT APPLIES TO THIS VEHICLE:
 COLORADO < 10000 MILES ____ 45-DAY RENTAL ____ OREGON BUS LUGGAGE COMPARTMENT ____ UTAH SPECIAL VEHICLE (STE) ____

| Jurisdiction | Mileage | Jurisdiction | Mileage |
|--------------------|---------|-------------------------------|---------|
| NC- North Carolina | | WI- Wisconsin | |
| ND- North Dakota | | WY- Wyoming | |
| OH- Ohio | | AB- Alberta | |
| OK- Oklahoma | | BC- British Columbia | |
| OR- Oregon | | MB- Manitoba | |
| PA- Pennsylvania | | NB- New Brunswick | |
| RI- Rhode Island | | NF- Newfoundland | |
| SC- South Carolina | | NS- Nova Scotia | |
| SD- South Dakota | | NT- Northwest Terr. Territory | |
| TN- Tennessee | | NU- Nunavut | |
| TX- Texas | | ON- Ontario | |
| UT- Utah | | PE- Prince Edward Is | |
| VT- Vermont | | PQ- Quebec | |
| VA- Virginia | | SK- Saskatchewan | |
| WA- Washington | | YT- Yukon | |
| WV- West Virginia | | MX- Mexico | |

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|--|---------------------|
| | Total Fleet Mileage |
|--|---------------------|

I certify that I have knowledge of the federal and Arizona motor carrier safety and hazardous material laws and regulations and that the information on this application and its attachments is true and correct.

| | | |
|-----------|-------|------|
| Signature | Title | Date |
|-----------|-------|------|