



Department of Highway Safety and Motor Vehicles
Division of Motor Vehicles

Bureau of Motor Carrier Services

ESTIMATED MILES AND FIRST YEAR APPLICANTS SCHEDULE G

ACCOUNT NAME			
MAILING ADDRESS		PHYSICAL ADDRESS	
ADDRESS		ADDRESS	
CITY, STATE, ZIP		CITY, STATE, ZIP	
TELEPHONE NUMBER		FEDERAL EMPLOYER IDENTIFICATION NUMBER	
1. Describe how your vehicle(s) is/are currently registered, and provide a copy of the vehicle registration(s). (Check <input checked="" type="checkbox"/> One)		<input type="checkbox"/> Florida Straight Plate <input type="checkbox"/> Apportioned Plate <input type="checkbox"/> Other	
2. Have you previously been denied registration?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. In the past, have you had IRP registration in Florida? <i>If yes, please indicate the name and account number on previous account(s):</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. Has your registration ever been suspended or revoked?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
5. Do you hold any type of operating authority? <i>If yes, briefly describe:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
6. Are your vehicle(s) presently leased to any individual/company? <i>If yes, list the name and address:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
7. Have your vehicle(s) been previously registered under any other name? <i>If yes, list each name and address:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
8. Has any permitting service, remittance agency, trucking service agency, consultant, or other individual assisted you in the preparation of your IRP application? <i>If yes, list names and addresses:</i>		Yes <input type="checkbox"/>	No <input type="checkbox"/>
9. How did you determine the jurisdictions you chose to apportion with?			
10. Actual distance is required if you owned or leased any power unit during the reporting period identified on the mileage schedule. Did you accrue actual miles under the IRP during the reporting period?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
11. If you currently have apportioned vehicle plates, or if you had apportioned vehicle plates in the past, why are estimated miles being used: <i>(please explain--attach additional pages, if necessary)</i>			
12. Have you ever reported estimated miles in the jurisdiction(s) in which you are requesting?		Yes <input type="checkbox"/>	No <input type="checkbox"/>
I (We) hereby affirm that the information set forth herein is true and correct:			
Authorized Signature		Authorized Signature	
Title	Date	Title	Date