Kentucky Transportation Cabinet
Division of Motor Carriers

TC 95-303G
01/2008

KENTUCKY IRP APPORTIONED REGISTRATION SUPPLEMENTAL APPLICATION
SCHEDULE G

IRP #: _____
Fleet #: _____

MAIL TO:
Division of Motor Carriers - IRP Branch
PO Box 2323, Frankfort KY 40602-2323
Phone: (502)564-4120 Fax: (502)564-2950
http://transportation.ky.gov/dmc

For overnight delivery:
200 Mero Street
Frankfort KY 40622

Name of Applicant: _____

Have you ever apportioned registered this or any other vehicles in Kentucky? ☐ Yes ☐ No

If yes, under what name were they registered? _____

If yes, what was the last date of registration? _____

If you have not been IRP registered in Kentucky, have you been IRP registered in any other state? ☐ Yes ☐ No

If yes, which state? _____

If you are estimating mileage for a first time or for expanded operations you must complete this form to justify your estimates. In accordance with the IRP agreement, your estimates may be adjusted if they do not appear to be reasonable.

An estimated mileage chart is available for your use if you are not sure of what your operations are going to be. The chart mileage is determined based on actual operations of other carriers registered in Kentucky. If the mileage estimate is not reasonable, the chart mileage will be used.

If you are using your own estimates, you must complete the following for each state:

State: _____

Mileage		No. of Trips		Vehicles		Total Est. Mileage
_____	X	_____	X	_____	=	_____

List routes of travel: _____

State: _____

Mileage		No. of Trips		Vehicles		Total Est. Mileage
_____	X	_____	X	_____	=	_____

List routes of travel: _____

State: _____

Mileage		No. of Trips		Vehicles		Total Est. Mileage
_____	X	_____	X	_____	=	_____

List routes of travel: _____

_____ _____
Signature of Applicant Date