



KENTUCKY TRANSPORTATION CABINET  
Department of Vehicle Regulation  
DIVISION OF MOTOR CARRIERS

TC 95-303C  
Rev. 09/2021  
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**KENTUCKY IRP APPORTIONED REGISTRATION SUPPLEMENTAL APPLICATION  
SCHEDULE C**

IRP Account #: \_\_\_\_\_  Registrant/Leased to MCRS

**NOTE:** Motor carrier is responsible for safety information.

**SECTION 1: APPLICANT INFORMATION**

LEGAL NAME OF APPLICANT	APPLICANT USDOT OR KYTC #	APPLICANT FEIN	
DBA NAME (if different from above)			
PRIMARY CONTACT NAME	PRIMARY CONTACT EMAIL	PRIMARY CONTACT PHONE #	
PHYSICAL ADDRESS (no P.O. Boxes)	CITY	STATE	ZIP
MAILING ADDRESS	CITY	STATE	ZIP

**SECTION 2: LESSEE/REGISTRANT INFORMATION**

LESSEE/REGISTRANT NAME			
MCRS COMPANY NAME	MCRS USDOT #	MCRS FEIN	
PRIMARY CONTACT NAME	CONTACT EMAIL	CONTACT PHONE #	
PHYSICAL ADDRESS (no P.O. Boxes)	CITY	STATE	ZIP
MAILING ADDRESS	CITY	STATE	ZIP

**SECTION 3: APPLICANT OPERATING INFORMATION**

OPERATION TYPE:  Private  Exempt commodities  For hire MC # \_\_\_\_\_

Have any listed vehicles been registered in another IRP jurisdiction?  Yes  No If yes, which jurisdiction? \_\_\_\_\_

Do you have Colorado Intrastate Authority less than 10,000 miles?  Yes  No

**Section 4: DECLARATION & SIGNATURE**

Under penalties of perjury, I certify that the information given is, to the best of my knowledge, true and accurate. I further certify that I am familiar with the International Registration Plan (IRP) and Federal Motor Carrier Safety Regulations and that failure to comply with these provisions shall be grounds for denial of registration or revocation of any license and/or authority in Kentucky or all member jurisdictions.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Mail application to: Division of Motor Carriers-IRP Section, PO Box 2323, Frankfort KY 40602-2323  
For overnight delivery, send application to: Division of Motor Carriers-IRP Section, 200 Mero Street, Frankfort KY 40622  
For questions, call (502) 564-1257, email [IRP.DMC@ky.gov](mailto:IRP.DMC@ky.gov), or visit [Drive.ky.gov](http://Drive.ky.gov).



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**SECTION 5: VEHICLE INFORMATION**

**INSTRUCTIONS:** Use the descriptions below to complete the required information.

**Registered weight** – Weight on Apportion Certificate

**Plate weight** – Combined gross weight (truck, trailer, and load)

**Vehicle type:** BS – Bus TK – Single truck TT – Truck tractor WR – Wrecker

**Fuel type:** D – Diesel G – Gasoline P – Propane O – Other \_\_\_\_\_

Unit #: _____ <input type="checkbox"/> Leased			Unit #: _____ <input type="checkbox"/> Leased		
VEHICLE IDENTIFICATION # (VIN)			VEHICLE IDENTIFICATION # (VIN)		
MODEL YEAR	MAKE	TYPE (TK, TT, BS, WR)	MODEL YEAR	MAKE	TYPE (TK, TT, BS, WR)
AXLES/SEATS	TRAILER AXLES	FUEL TYPE	AXLES/SEATS	TRAILER AXLES	FUEL TYPE
UNLADEN WEIGHT	REGISTERED WEIGHT	PLATE WEIGHT	UNLADEN WEIGHT	REGISTERED WEIGHT	PLATE WEIGHT
PURCHASE PRICE	FACTORY PRICE	PURCHASE DATE	PURCHASE PRICE	FACTORY PRICE	PURCHASE DATE
This vehicle was purchased <input type="checkbox"/> new <input type="checkbox"/> used.			This vehicle was purchased <input type="checkbox"/> new <input type="checkbox"/> used.		
NAME OF OWNER/LESSOR/LESSEE			NAME OF OWNER/LESSOR/LESSEE		
TITLE #	MCRS USDOT #	FEIN	TITLE #	MCRS USDOT #	FEIN
Does registrant travel less than 10,000 miles/year? <input type="checkbox"/> Y <input type="checkbox"/> N			Does registrant travel less than 10,000 miles/year? <input type="checkbox"/> Y <input type="checkbox"/> N		
Does registrant pull trailers? <input type="checkbox"/> Y <input type="checkbox"/> N			Does registrant pull trailers? <input type="checkbox"/> Y <input type="checkbox"/> N		
Unit #: _____ <input type="checkbox"/> Leased			Unit #: _____ <input type="checkbox"/> Leased		
VEHICLE IDENTIFICATION # (VIN)			VEHICLE IDENTIFICATION # (VIN)		
MODEL YEAR	MAKE	TYPE (TK, TT, BS, WR)	MODEL YEAR	MAKE	TYPE (TK, TT, BS, WR)
AXLES/SEATS	TRAILER AXLES	FUEL TYPE	AXLES/SEATS	TRAILER AXLES	FUEL TYPE
UNLADEN WEIGHT	REGISTERED WEIGHT	PLATE WEIGHT	UNLADEN WEIGHT	REGISTERED WEIGHT	PLATE WEIGHT
PURCHASE PRICE	FACTORY PRICE	PURCHASE DATE	PURCHASE PRICE	FACTORY PRICE	PURCHASE DATE
This vehicle was purchased <input type="checkbox"/> new <input type="checkbox"/> used.			This vehicle was purchased <input type="checkbox"/> new <input type="checkbox"/> used.		
NAME OF OWNER/LESSOR/LESSEE			NAME OF OWNER/LESSOR/LESSEE		
TITLE #	MCRS USDOT #	FEIN	TITLE #	MCRS USDOT #	FEIN
Does registrant travel less than 10,000 miles/year? <input type="checkbox"/> Y <input type="checkbox"/> N			Does registrant travel less than 10,000 miles/year? <input type="checkbox"/> Y <input type="checkbox"/> N		
Does registrant pull trailers? <input type="checkbox"/> Y <input type="checkbox"/> N			Does registrant pull trailers? <input type="checkbox"/> Y <input type="checkbox"/> N		