

New Mexico APPORTIONED REGISTRATION APPLICATION Schedule A

NEW ACCOUNT
 NAME OR ADDRESS CHANGE
 RENEWAL
 INTRASTATE
 SUPPLEMENT # _____

SECTION 1	(1) Company Name		(2) Business Street Address			(3) City		(4) State	(5) Zip Code	(6) Fax No. () ()	(7) Date	
	(8) Account No.	(9) Fleet No.	(10) Business Mailing Address (if different)			(11) City		(12) State	(13) Zip Code	(14) Registration Yr.		
	(15) TIN Taxpayer Identification Number			(16) US DOT Number Registrant			(17) Contact Person		(18) Phone No. () ()	(19) Registrant Phone No. () ()		
	(20) Is this vehicle running under a lease? <input type="checkbox"/> YES <input type="checkbox"/> NO			(21) If # 20 is YES, list name of owner or owner/operator(s)			(22) If #20 is YES, give mailing address					

VEHICLE INFORMATION:

See ALPHA CODES to Left.. List only one vehicle per line. Do not duplicate equipment numbers. Continue listing on an additional MVD-11025 form if necessary.

	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)							
SECTION 2	*** ALPHA CODES ***																										
	1) TRANSACTION TYPE		T	Y	See Inst. Section Two	Owners Unit Number	Y	Make of Vehicle	Vehicle Identification Number	A	S	Unladen Weight (empty)	F	U	E	L	Declared Gross or Combined Weight	Purchase Price of Vehicle	Date of Purchase or Lease Mo / Yr	Factory Price of Vehicle	US DOT No.	See Inst. Section Two	See Inst. Section Two	New Mexico Title Number (Mandatory)	NM Apportioned Plate Number	Taxpayer Identification Number	
	2) Check if Unit travels less than 10,000 miles.																										
	7) VEHICLE TYPE																										
	10) FUEL																										
	17) TRANSFER Will the control and responsibility for the safety of this vehicle be assigned to a different carrier during the registration year by lease? Check if YES .																										
	WEIGHT INFORMATION: If you will operate at a different weight, (other than what is in column 11) in other states, indicate that weight in the corresponding states blocks to the right. BE SURE TO COMPLETE SCHEDULE B BELOW.		AL	BC	DC	IN	ME	MI	NE	NJ	ND	OR	SK	UT	WI												
			AK	CA	FL	IA	MB	MN	NV	NM	NS	PA	SC	VT	WY												
			AB	CO	GA	KS	MD	MS	NF	NY	OH	PE	SD	VA	YT												
			AZ	CT	ID	KY	MA	MO	NB	NT	OK	QC	TN	WA													
		AR	DE	IL	LA	MX	MT	NH	NC	ON	RI	TX	WV														

New Mexico APPORTIONED REGISTRATION APPLICATION Schedule B

Account Number	TYPE (1 or 2)	STATE	MILEAGE	TYPE (1 or 2)	STATE	MILEAGE	TYPE (1 or 2)	STATE	MILEAGE	TYPE (1 or 2)	STATE	MILEAGE	TYPE (1 or 2)	STATE	MILEAGE		
		ALABAMA			IDAHO			MINNESOTA			NORTH CAROLINA			SOUTH DAKOTA			
		ALASKA			ILLINOIS			MISSISSIPPI			NORTH DAKOTA			TENNESSEE			
		ALBERTA			INDIANA			MISSOURI			NOVA SCOTIA			TEXAS			
		ARIZONA			IOWA			MONTANA			OHIO			UTAH			
		ARKANSAS			KANSAS			NEBRASKA			OKLAHOMA			VERMONT			
		BRITISH COLUMBIA			KENTUCKY			NEVADA			ONTARIO			VIRGINIA			
		CALIFORNIA			LOUISIANA			NEWFOUND/LAB			OREGON			WASHINGTON			
		COLORADO			MAINE			NEW BRUNSWICK			PENNSYLVANIA			WEST VIRGINIA			
		CONNECTICUT			MANITOBA			NEW HAMPSHIRE			PRINCE EDWARD ISL.			WISCONSIN			
		DELAWARE			MARYLAND			NEW JERSEY			QUEBEC			WYOMING			
		DIST. OF COLUMBIA			MASSACHUSETTS			NEW MEXICO			RHODE ISLAND			YUKON			
		FLORIDA			MEXICO			NEW YORK			SASKATCHEWAN						
		GEORGIA			MICHIGAN			N.W. TERRITORIES			SOUTH CAROLINA						
												TOTAL ACTUAL FLEET MILES		TYPE 1's			
												TOTAL ACTUAL MILES PLUS ESTIMATED MILES		TYPE 1's & 2's			

CHECK ONLY ONE BOX:

All mileages given are actual Type "1" miles.

All mileages given are estimated Type "2" miles.

Mileages given are both Actual & Estimated (Types "1" & "2"). DO NOT combine Types "1" & "2" for a single state.

TYPE OF OPERATION

EXEMPT COMMODITIES ONLY (Produce, Grain, livestock, Etc.)

PRIVATE CARRIER

HOUSEHOLD GOODS CARRIER

OWNER - OPERATOR (Under Lease)

COMMON / CONTRACT CARRIER

RENTAL OR LEASING COMPANY

HAZARDOUS MATERIALS CARRIER

The undersigned declares knowledge of the applicable provisions of any state Motor Carrier or Hazardous Materials Regulations.

I declare I am authorized to represent that the applicant 1) has knowledge of federal and state motor carrier safety and hazardous materials laws and regulations; 2) accepts full responsibility for all fees and taxes related to vehicle operations; 3) has paid all applicable federal highway use taxes related to vehicles being registered through this application. I further declare that all information on this application and any attachments is true, correct and complete to the best of my knowledge.

_____ Signature of Owner or Agent
 _____ Title
 _____ Date

Section Two (cont.)

6) Vehicle Identification Number

The vehicle identification number (VIN) shown on your vehicle's certificate of title. The complete VIN must be recorded.

7) Type

The type of vehicle. (Abbreviations listed in Section 2 Alpha Codes)

8) Axles or Seats

The number of axles, including axles in tandem group or the rated seating capacity if the vehicle is a bus.

9) Unladen Weight

The actual weight of the vehicle including the cab, body and all accessories with which the vehicle is equipped for normal use on the highway excluding any weight load.

10) Fuel

The type of fuel being used by the power unit. (Abbreviations listed in Section 2).

11) Declared Gross or Combined Weight

The individual vehicle gross weight. (Equal to the empty weight of the truck-tractor and trailer plus the heaviest load to be transported)

12) Purchase Price of Vehicle

The actual purchase price of the vehicle when new, or the actual purchase price of the vehicle paid by the current owner.

13) Date of Purchase and/or Lease

Month & year in which vehicle was purchased or leased.

14) Factory Price of Vehicle

Enter 90% of the manufacture's list price of the vehicle, when new.

15) US DOT Number.

Enter US DOT No. of person responsible for vehicle safety.

16) Check ✓ If Motor carrier US DOT # has changed.

17) Check ✓ if the control and responsibility for the safety of this vehicle will be assigned to a different carrier during the registration year.

18) NM Title Number

The current NM Title Number. (May be obtained from your title or from your local Motor Vehicle Office) Vehicle will not be registered without this information.

19) Current NM License Plate Number

Indicate the Apportioned license plate number which is currently assigned to the vehicle.

20) List the TIN number (Taxpayer Identification Number) (Fed ID # or SSN #) of the motor carrier that is responsible for the safety of this vehicle.

Section Three

If you will operate at a different weight, (other than what is in column 11) in other states, indicate that weight in the corresponding states. **EXAMPLE:** If Column 11 is 80,000 and you will operate in Oklahoma at 90,000, indicate the higher weight.

SCHEDULE B INSTRUCTIONS

Schedule "B" is a mileage schedule to be used in computing mileage percentages for the member International Registration Plan Jurisdictions. Schedule B is to be used on Original and Renewal Applications. This schedule is also to be used whenever you add a new state with a supplement application.

List actual miles accumulated by the fleet and enter the number "1" in the column to the left of each applicable jurisdiction.

If you expect to operate in a jurisdiction this year that you did not operate in last year or if this is a new account, complete Schedule C. Enter estimated mileage for this coming registration period on Schedule B.

Minimum estimated miles per state are:

AL	363	MB	101	OH	752
AK	101	MD	125	OK	1698
AB	101	MA	102	ON	101
AZ	4467	MX	20046	OR	1141
AR	787	MI	149	PA	664
BC	101	MN	101	PE	101
CA	3253	MS	382	QC	101
CO	2974	MO	1043	RI	101
CT	122	MT	163	SK	101
DE	101	NE	596	SC	114
DC	101	NV	385	SD	101
FL	721	NL	101	TN	720
GA	309	NB	101	TX	6704
ID	302	NH	101	UT	1161
IL	774	NJ	150	VT	101
IN	537	NM	20799	VA	436
IA	410	NY	155	WA	1634
KS	1568	NT	101	WV	101
KY	205	NC	191	WI	185
LA	557	ND	101	WY	401
ME	101	NS	101	YT	101

Enter the total of all actual fleet miles. (Type 1's)

Enter the total of all estimated fleet miles (Type 2's)

Enter the total of all actual plus estimated miles. (Types 1 & 2)

Enter account number at upper right corner. If one has not yet been assigned, leave blank.

Sign and date application.

Note: *If you do not submit the actual miles for the period ending 6 months prior to the registration year your renewal application will be returned. Also, if you do not have actual mileage for this time period you must submit a letter indicating which states you did not travel in or through.*

If "0" is entered in the mileage column, that jurisdiction will be deleted.

FAXES ARE NOT ACCEPTED. Mail completed application to:
MOTOR VEHICLE DIVISION
COMMERCIAL VEHICLE Bureau
P.O. BOX 5188
SANTA FE, NEW MEXICO 87504-5188

MVD - 11026
REV. 06/04

State of New Mexico - Motor Vehicle Division



**APPORTIONED REGISTRATION APPLICATION
SCHEDULES A & B**

The Apportioned Registration Application includes both Schedule A and Schedule B. Both Schedules must be filled out completely.

VERY IMPORTANT VERY IMPORTANT VERY IMPORTANT VERY IMPORTANT

- ◆ The mileage information on schedule "B" determines the registration fees that will be billed. You must enter actual miles for the 12 months ending 6 months prior to the beginning of the registration year (Example: For the registration year 2004 you must report actual miles from July 1, 2002 through June 30, 2003.)
- ◆ Owners of vehicles registered at 55,000 lbs. or over must furnish evidence of having paid IRS Federal Highway Use Tax (Schedule 1-2290 form received by the IRS).
- ◆ **The Schedule A & B Apportioned Registration Application form MVD-11026 will be returned to applicant if any applicable information is not filled out or application is not legible.** Applicant **WILL NOT** receive their credentials if the application form and payment are not accompanied by a federal Schedule 1-2290 form received by the IRS when applicable, New Mexico title and proof of insurance.

SCHEDULE A INSTRUCTIONS

Section One

1) The Name of the Applicant

The full name of the operation carrier or name under which the individual does business.

2) Business Street Address

Where the registrant has an established place of business, maintains operational records of the fleet and accrues mileage.

3-4-5) City, State and Zip Code

Where the business address is located.

6) Fax Number

Fax number including area code.

7) Date

The month, day and year on which the application is filed.

8) Account Number

Assigned by the Commercial Vehicle Bureau of the Motor Vehicle Division. If one has not yet been assigned, leave blank.

9) Fleet Number

If more than one fleet is submitted under the same company name, designate as 1, 2, etc. Example: Fleet 1, Unit 1 operates NM, CO, TX; Fleet 2, Unit 2 operates NM, TX, UT.

10) Business Mailing Address

Where the registration credentials should be mailed and/or where the applicant desires correspondence to be mailed or directed.

11-12-13) City, State, and Zip Code

Where the mailing address is located.

14) Registration Year

The last two digits of the registration year. (Example: 2004 = 04)

15) Taxpayer Identification Number (TIN)

Write Federal ID number. If none, give Social Security Number.

16) DOT Number

Write US DOT Number.

17) Contact Person

The person responsible for your paperwork or who is familiar with the requirements of the application.

18) Telephone Number

Telephone number including the area code of the person to contact regarding this application.

19) Registrant phone number

20) Is This Vehicle Running Under a Lease?

Mark "YES" if this vehicle is leased to a company other than the owner. Mark "NO" if this vehicle is being registered by the owner.

21) If #20 is "YES", List Name of Owner(s)

If vehicle is leased, list the name of the owner as recorded on the title. If **NO**, leave blank.

22) IF #20 is "YES", Give Owner(s) mailing address

List the mailing address of the owner. If **NO**, leave blank.

Section Two

1) Transaction Type

Select from Section 2, Alpha Codes.

2) Registering for Colorado Check ✓ Column 2 if unit traveled 9,999 or less miles.

3) Unit Number

Enter the unit number assigned by the registrant. Do not duplicate any unit number.

4) Year of Vehicle

The last two digits of the model year of the vehicle.

5) Make of Vehicle

The make of the vehicle using the four letter abbreviation. (Example: Peterbilt = "PTRB")

CONTINUED ON BACK SIDE