Minnesota Dept. of Public Safety
445 Minnesota Street Ste 188
St. Paul, MN 55101
Phone: (651) 205-4141 Fax: (651) 215-0027

MN International Registration Plan Renewal/Supplement Application

Account Number: ____ Fleet: ____

o identify the vehicle. eral and state laws, p		
eral and state laws, p	personal info	
eral and state laws, p	personal info	
eral and state laws, p	personal info	
eral and state laws, p	personal info	
Miles	A/E	
☐ Nova Scotia		

Section 5	Minnesota International Registration Plan Renewal/Supplement Application						
Weight Group: #	Account Number:	Fleet:					
•	Vehicle Type:	Minnesota CGVW:					

This Fleet Is Currently Apportioned With The Jurisdictions Indicated And At The Gross Weights Shown Below:

Jurisdiction	Weight										
AL		IA		MI		NM		TN		AB	
AR		ID		MN		NV		TX		BC	
AZ		IL		MO		NY		UT		MB	
CA		IN		MS		ОН		VA		NB	
CO		KS		MT		OK		VT		NL	
CT		KY		NC		OR		WA		NS	
DC		LA		ND		PA		WI		ON	
DE		MA		NE		RI		WV		PE	
FL		MD		NH		SC		WY		QC	
GA		ME		NJ		SD				SK	

Section 6

- ** Place a "D" in the Action box if deleting the vehicle. Place a "C" in the Delete/Change box if changing any vehicle information. Please make all changes in red.
- *1. Verify the US DOT number for the carrier responsible for safety fitness of the vehicle. This should be the US DOT number displayed on the cab of the vehicle.
- *2. Verify the Tax Identification Number for the carrier responsible for the safety fitness of the vehicle.
- *3. Please indicate if the carrier responsible for the safety fitness of the vehicle is expected to change during this registration year.
- *4. If the unit is a type of TK with travel in Colorado, please indicate if the truck pulls a trailer.
- *5. Verify county kept when not in use or operation. (Minnesota Statutes 163.061)
- *6. Please see renewal instructions regarding special use vehicles. Complete if applicable.

			VEHICLE EQUIPMENT LIST FOR ACCOUNT FLEET WEIGHT GROUP								ROUP	_				
**Action	Unit#	Year	Make	Plate #	Axles		Combined QC Axles	Seats	Fuel	Unladen Weight	Gross Weight	Purchase Price	Factory Price	Purchase Date		
	V.I.N.			Owner Name	Owner DOB	*1 USDOT *2		*2 FEIN		*2 FEIN *3 Yes/No *4 CO Tra		*5 County Kept When Not In Use		*6 Special Use		
		T								1				1		
**Action	Unit#	Year	Make	Plate #	Axles	Combined MN Axles		Seats	Fuel	Unladen Weight	Gross Weight	Purchase Price	Factory Price	Purchase Date		
	V.I.N.			Owner Name	Owner DOB	*1 USDOT		T *2 FEIN		*2 FEIN		*3 Yes/No	*4 CO Trailer Y/N *5 County Kep		When Not In Use	*6 Special Use
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	V.I.N.		. Owner Name Owner DO		Owner Name Owner DOB *1 USDOT				*2 F	EIN	*3 Yes/No	*4 CO Trailer Y/N	*5 County Kept	When Not In Use	*6 Special Use	

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	V.I.N.			Owner Name	Owner DOB	*1 US	SDOT	*2	EIN	*3 Yes/No	*4 CO Trailer Y/N	*5 County Kept \	When Not In Use	*6 Special Use		
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