

## 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.

## 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	861	MB	48	OH	1833
AB	2366	MD	301	OK	2393
AZ	5914	MA	340	ON	147
AR	1224	MI	250	OR	714
BC	6016	MN	189	PA	1627
CA	4446	MS	828	PE	50
CO	2908	MO	2297	QC	17
CT	406	MT	224	RI	47
DE	47	NE	880	SK	641
DC	14	NV	819	SC	269
FL	1326	NF	50	SD	143
GA	560	NB	50	TN	1455
ID	524	NH	71	TX	7775
IL	1650	NJ	458	UT	1483
IN	1205	NM	20937	VT	80
IA	820	NY	513	VA	1096
KS	1421	NT	50	WA	334
KY	584	NC	409	WV	255
LA	951	ND	63	WI	326
ME	125	NS	50	WY	794

### 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) Is the Motor Carrier responsible for the safety of this vehicle expected to change during the registration year? **Check  if yes.**

### 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.

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. 03/08

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 2008 you must report actual miles from July 1, 2006 through June 30, 2007.)
- ◆ 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

Enter 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

## New Mexico APPORTIONED REGISTRATION APPLICATION Schedule A

 NEW ACCOUNT

 NAME OR ADDRESS CHANGE

 RENEWAL

 INTRASTATE

 SUPPLEMENT # \_\_\_\_\_

<b>SECTION 1</b>	(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 of 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.

*** ALPHA CODES ***		(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)	(14)	(15)	(16)	(17)	(18)	(19)	(20)	
<b>SECTION 2</b>	<b>1) TRANSACTION TYPE</b> A = Adding a Vehicle D = Deleting a Vehicle E = Even Exchange I = Non-IRP B = Intrastate (NM Base Plate) S = Adding a State R = Renewal W = Weight Increase P = Prorate	<b>2) Check if Unit travels less than 10,000 miles.</b>  <b>7) VEHICLE TYPE</b> CG = Converter Gear BS = Bus DB = Double Bottom FT = Full Trailer TT = Truck Trailer TK = Truck ST = Semi-trailer	* T R A N S * T Y P E	✓ See Inst. Section Two	Owners Unit Number	Y E A R	Make of Vehicle	Vehicle Identification Number	* T Y P E	A X L O R A T 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

SECTION 3

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