



**Secretary of State**  
**“Schedule G” for First-Year IRP Applicants or**  
**Business Operational Changes**

**This space for use by**  
**Secretary of State.**

**Secretary of State**  
**Vehicle Services Department**  
**Commercial & Farm Truck Division**  
**501 S. Second St., Rm. 300**  
**Springfield, IL 62756**  
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Distance records on which this application is based must be retained for a period of three years after the expiration of each registration year (total of five years and nine months). Retention of records is very important to avoid excessive penalties that may arise during audit examination.

Name: \_\_\_\_\_ FEIN: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/ZIP: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Additional Telephone #: \_\_\_\_\_

**Prior to the issuance of your registration, the Office of the Secretary of State, pursuant to 625 ILCS, Sections 5/2-110 and 5/3-405, requires the following questions to be completed in full. For any question requiring additional information, additional sheets may be attached. Information provided may require further verification. The Office of the Secretary of State reserves the right to request documentation for substantiation and verification. For current IRP firms, please only complete questions regarding the part of your operations that has changed from the previous filing.**

**Part I, Business Ownership Information**

Please explain about your business ownership and those persons associated with the operations, if any.

1. Business Type -  Individual or Proprietorship (includes Owner/Operator)  
 Partnership  
 Company  
 Corporation – IL Corporation Number or State of Incorporation if foreign: \_\_\_\_\_  
A copy of a “Certificate of Good Standing” is required for a foreign corporation.  
 Limited Liability Company (LLC) - IL LLC Number or State if foreign: \_\_\_\_\_  
A copy of a “Certificate of Good Standing” is required for a foreign LLC.  
 Other – Describe \_\_\_\_\_

2. Please list the Name, Address and Phone Number of any person (including yourself), officer, partner, spouse, family member, trustee, or other entity (including other business names or corporations) that have more than a 10% ownership stake in this business:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Please attach additional sheets, if necessary.**

3. Have you, an immediate family member, or any of the above named parties had an IRP based in Illinois or any other jurisdiction during the past three years? .....  YES  NO

If yes, give firm/account number(s) and jurisdiction(s): \_\_\_\_\_

4. Is the business address a personal residence? .....  YES  NO  
 If yes, what is the name and relationship to the registrant?: \_\_\_\_\_
5. Will you keep your records for audit purposes at this address?.....  YES  NO  
 If no, why not and at what address will the records be retained?: \_\_\_\_\_
- 

**Part II, Vehicle Registration Information**

1. Indicate how these vehicles were registered previously (includes those under your ownership and leased to another company). If an existing registrant making changes in business operations, select A. If newly purchased, skip to E; attach additional sheets if necessary. If vehicles were not registered, explain in F.
- A.  **Existing IRP Registrant – Business Operations Change Only** - Firm #: \_\_\_\_\_
- B.  **Illinois base plate** - Name and Plate #: \_\_\_\_\_
- C.  **Illinois IRP plate** - Name and Plate #: \_\_\_\_\_
- D.  **Foreign plate** - (out of state) - State of Issuance: \_\_\_\_\_  
 Foreign base plate - Name and Plate #: \_\_\_\_\_  
 Foreign IRP plate - Name and Plate #: \_\_\_\_\_
- E.  **New Purchase** - (Vehicles recently purchased or not in your possession in the previous registration year.)  
 Purchased from: \_\_\_\_\_  
 Relationship to applicant (if any): \_\_\_\_\_
- F.  **Other** - Explain in detail. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Part III, USDOT and Authority Information**

Please be specific on the requested information. If further explanation is necessary, please attach an additional sheet.

1. **USDOT Number** responsible for safety: \_\_\_\_\_ FEIN of entity: \_\_\_\_\_  
 Name(s) and Address(es) of carrier whose USDOT Number is responsible for Safety:  
 \_\_\_\_\_

If more than one USDOT number or carrier is responsible for the safety of your vehicle(s), please use an additional sheet to list all.

USDOT Type Business:

- Motor Carrier     Broker     Freight Forwarder     Hazardous Material Shipper     Cargo Tank Facility

Operating Authority Number you will be working under (if any) #: \_\_\_\_\_

Jurisdiction of Issue: \_\_\_\_\_ Is this your authority? .....  YES  NO

If No, Name and Address of Authority Holder: \_\_\_\_\_

Could the USDOT Number for Safety change in the next 12 months? .....  YES  NO

2. Has anyone listed in Part I, #2 ever had a USDOT Number of his/her own? .....  YES  NO  
 If yes, give USDOT Number and explain: \_\_\_\_\_

**Please be advised that applications will not be processed and issued registration without proof that they are either a Carrier or leased to a Carrier who has a valid USDOT Number for Safety Operations. You may be asked to provide proof of that Carrier's USDOT Number and FEIN to obtain registration.**

**Part IV, Business Plan for Operations**

1. Provide a detailed explanation of how you will obtain your loads, who you may obtain them from, and what you may transport. (Registration may be denied if not adequately answered. Attach additional sheets if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is there any actual distance that has been accrued by your vehicle(s) that will require to be reported? ... YES  NO

If yes, explain origin of distance: \_\_\_\_\_

3. Have you been instructed on the importance of maintaining individual vehicle distance records? ..... YES  NO

4. Have you read the distance recordkeeping requirements outlined in the IRP Instruction Manual? ..... YES  NO

5. I am aware that the origin, destination, route traveled and odometer readings must be included within the required records to accurately account for distance traveled within a particular jurisdiction? ..... YES  NO

**Part V, Driver Information**

Please explain who will be operating your vehicles.

1. Are you the driver of the vehicle(s)? ..... YES  NO

If yes, Driver's License #: \_\_\_\_\_ State of Issuance: \_\_\_\_\_ CDL  YES  NO

Will you employ drivers other than yourself? ..... YES  NO

2. Has any driver or potential driver listed had his/her license suspended or revoked? ..... YES  NO

If yes, give Jurisdiction and explain: \_\_\_\_\_

**Part VI, General Information and Affirmation**

1. Has any licensing service, remittance agency, trucking service agency, consultant or any other individual(s) assisted you in the preparation of your IRP application(s)? ..... YES  NO

If yes, Name and Address: \_\_\_\_\_

Did the above named business/person advise you where to find the documents or provide you with the necessary information/rules to comply with being an apportioned registrant? ..... YES  NO

2. Do you owe any fees, fines, penalties, assessments or other unpaid billings to any jurisdiction? ..... YES  NO

If yes, explain: \_\_\_\_\_

**I (we) hereby affirm that the information set forth herein is true and correct under penalty of perjury and that, as applicant, these answers were given by me. I furthermore affirm that I am familiar with the responsibility imposed upon me, as applicant, by registering under the International Registration Plan, including recordkeeping requirements and the importance of accurate and complete distance accrual records according to the rules and regulations of the International Registration Plan. Authorized signatures are those of either the applicant, co-applicant (if necessary) or authorized employee of the company and not anyone acting as my agent.**

\_\_\_\_\_  
Authorized Signature Date Authorized Signature Date

\_\_\_\_\_  
Title Title

**If you were assisted by a Licensing Agent, Remittance Agent or Consultant, a signature must be shown.**

\_\_\_\_\_  
Signature of License Agent, Remittance Agent or Consultant assisting

\_\_\_\_\_  
Agency/Entity Name License Number (if any) Date

Signature of License Agent, Remittance Agent or Consultant affirms that proper documentation regarding distance recordkeeping has been given to the registrant for which this Schedule G has been completed. It also confirms that a copy of the International Registration Plan Instruction Manual has been given to the registrant or the registrant has been informed of the proper place to obtain a copy from the Secretary of State's website.

**Failure to answer or explain when necessary will constitute denial of registration. Forms without all required signatures will not be accepted.**