




Schedule A/E

GENERAL INFORMATION			
Application Type <i>(Check all that may apply)</i>			
<input type="checkbox"/> Add Vehicle <input type="checkbox"/> Delete Vehicle <input type="checkbox"/> Increase Weights <input type="checkbox"/> Add Jurisdiction			
License Year	IRP Account Number	Supp. #	Fleet Number
Name of Registrant		Contact Name and Phone Number	

SIGNATURE	
BY SIGNING THIS DOCUMENT, I CERTIFY THAT ALL THE STATEMENTS ARE TRUE AND CORRECT AND THAT I CAN BE HELD LIABLE IF THE INFORMATION GIVEN IS FOUND TO BE INCORRECT.	
Signature	Date

If deleting a unit, the plate and cab card MUST be returned to receive credit or a refund. You must also indicate below if you want a South Dakota Refund or a transfer of fees to a new unit.

VEHICLE DELETION INFORMATION							
1	2	3	4	5	6	7	8
Unit#	Year	Vehicle Make	Vehicle ID Number (As Shown on Title)	Combined Gross Weight	License Plate Number	Replacement Unit #	Reason Removed



South Dakota Department of Revenue
 Office of Prorate and Commercial Licenses
 445 East Capitol Avenue
 Pierre, South Dakota 57501-3185
 Telephone: (605) 773-3314
 Fax: (605) 773-8416

Please specify for unused licensing fee(s) for vehicle(s) above:
 SD Refund
 Transfer

Transfer Vehicles:

From Unit _____ To Unit _____ From Unit _____ To Unit _____

From Unit _____ To Unit _____ From Unit _____ To Unit _____

VEHICLE INFORMATION

Instructions: Record all required information for each vehicle you are licensing. Use only one line for each vehicle. If necessary, list additional vehicles on an attached sheet. See instructions for columns 10, 11 and 21 below.

Fuel Codes: D=Diesel, G=Gasoline, P=Propane

IRP Account #

Type Codes: TT=Truck Tractor, ST=Semi-Trailer, TK=Truck, BS=Bus

The weights shown in CGW will be the weight each jurisdiction is licensed unless otherwise indicated in Schedule III

Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year by lease? Indicate in column 22.

1 Vehicle ID Number (As shown on title)	2 Year	3 Make of Vehicle	4 Model #	5 Unladen Weight	6 Axles or Seats	7 Fuel	8 Unit #	9 Combined Gross Weight	10 CO Less than 10,000	11 Pulls Trailer Y/N	12 Name of Owner	13 South Dakota Title #	14 Leased Vehicle Y/N	15 Lessee Name	16 Purchase Date (MM/YY)	17 Vehicle Purchase Price	18 USDOT # Responsible for Safety	19 FEIN for Company Responsible for Safety	20 SD Plate Number	21 New Plate Y/N	22 Y/N

INSTRUCTIONS: Column 10 – If the vehicle operates less than 10,000 miles nationally, indicate Y for YES. Otherwise, indicate N for NO.
 Column 11 – If the vehicle is a power unit and pulls a trailer, indicate Y for Yes. Otherwise, indicate N for NO.
 Column 21 – If a new plate is required for the unit being licensed, indicate Y for YES. Otherwise, indicate N for NO.

NOTE: Units will be authorized to operate in the jurisdictions and at the weights listed below. Use Schedule III for any vehicle with a weight difference in any jurisdiction. Weight will be printed on the cab cards for units listed above or units listed on an attached schedule.

JURISDICTION INFORMATION

INSTRUCTIONS: Mark an "X" in the square for each IRP jurisdiction for which you are filing. Then, list the mileage traveled in each jurisdiction by the fleet for the period of July 1 through June 30 of the year immediately preceding the year for which you are applying.

X	Jurisdiction	Mileage		Weight	X	Jurisdiction	Mileage		Weight	X	Jurisdiction	Mileage		Weight	X	Jurisdiction	Mileage		Weight
		Est.	Actual				Est.	Actual				Est.	Actual				Est.	Actual	
	AB-ALBERTA					IN-INDIANA					ND-NORTH DAKOTA					PE-PRINCE EDWARD			
	AK-ALASKA					KS-KANSAS					NE-NEBRASKA					QC-QUEBEC			
	AL-ALABAMA					KY-KENTUCKY					NH-NEW HAMPSHIRE					RI-RHODE ISLAND			
	AR-ARKANSAS					LA-LOUISIANA					NJ-NEW JERSEY					SC-SOUTH CAROLINA			
	AZ-ARIZONA					MA-MASSACHUSETTS					NL-NEW FOUNDLAND					SD-SOUTH DAKOTA			
	BC-BRITISH COL.					MB-MANITOBA					NM-NEW MEXICO					SK-SASKATCHEWAN			
	CA-CALIFORNIA					MD-MARYLAND					NS-NOVA SCOTIA					TN-TENNESSEE			
	CO-COLORADO					ME-MAINE					NT-NW TERRITORY					TX-TEXAS			
	CT-CONNECTICUT					MI-MICHIGAN					NU-NUNAVUT					UT-UTAH			
	DC-DIST. OF COL.					MN-MINNESOTA					NV-NEVADA					VA-VIRGINIA			
	DE-DELAWARE					MO-MISSOURI					NY-NEW YORK					VT-VERMONT			
	FL-FLORIDA					MS-MISSISSIPPI					OH-OHIO					WA-WASHINGTON			
	GA-GEORGIA					MT-MONTANA					OK-OKLAHOMA					WI-WISCONSIN			
	IA-IOWA					MX-MEXICO					ON-ONTARIO					WV-WEST VIRGINIA			
	ID-IDAHO					NB-NEW BRUNSWICK					OR-OREGON					WY-WYOMING			
	IL-ILLINOIS					NC-NORTH CAROLINA					PA-PENNSYLVANIA					YT-YUKON TERRITORY			

Shaded areas are non-IRP jurisdictions. Do not show both estimated and actual mileage for the same jurisdiction. (See instructions for reporting mileage.)

This must be signed if estimated mileage is being used for any jurisdiction and you are not using Schedule G (Estimated Mileage Justification Form). I hereby declare that I have no actual mileage to report and agree to the estimated mileage used by the Department of Revenue, Prorate Licensing to calculate my registration fees.

Signature

Title

Date

Total Estimated Miles				
Total Actual Miles				
Grand Total (All Miles)				