



**Original Mileage Schedule - Schedule B**

<b>FIVE DIGITS</b>	<b>THREE DIGITS</b>	<b>THREE DIGITS</b>	<b>TWO DIGITS</b>	Kind of Operation: <input type="checkbox"/> Private Carrier <input type="checkbox"/> Rental <input type="checkbox"/> Haul for Hire	
ACCOUNT NUMBER	FLEET NUMBER	SUPP. NUMBER	REGISTRATION YR.	<input type="checkbox"/> Exempt Commodity <input type="checkbox"/> Household Goods Mover	
MD				<input type="checkbox"/> ORIGINAL APPLICATION <input type="checkbox"/> RENEWAL APPLICATION	
NAME OF REGISTRANT				Federal ID No. _____	
BUSINESS ADDRESS (Do not use P.O. Box)				Applicant U.S. DOT Number _____	
CITY	STATE	ZIP CODE		IFTA Account Number _____	
	<b>MD</b>			PERSON TO CONTACT REGARDING APPLICATION	
MAILING ADDRESS (Do not use P.O. Box)				CITY	
CITY	STATE	ZIP CODE		STATE	PHONE NUMBER ( )

ENTER AN "X" IN THE BOX IN FRONT OF EACH MEMBER JURISDICTION FOR WHICH YOU ARE APPLYING FOR PROPORTIONAL REGISTRATION. ENTER AN "A" FOLLOWING ANY MILEAGE WHICH IS ACTUAL, ENTER AN "E" FOLLOWING ANY MILEAGE WHICH IS ESTIMATED, AND ENTER AN "N" FOLLOWING ANY MILEAGE FOR A JURISDICTION WHICH YOU ARE NOT APPORTIONED THIS YEAR FOR WHICH YOU HAD MILES FOR THE REPORTING PERIOD. DO NOT COMBINE THE MILES OF ANY TWO OR MORE JURISDICTIONS.

JURISDICTION	MILEAGE	A/E/N	JURISDICTION	MILEAGE	A/E/N	JURISDICTION	MILEAGE	A/E/N
<input type="checkbox"/> Alabama			<input type="checkbox"/> Manitoba			<input type="checkbox"/> Ohio		
<input type="checkbox"/> Alaska			<input type="checkbox"/> Maryland			<input type="checkbox"/> Oklahoma		
<input type="checkbox"/> Alberta			<input type="checkbox"/> Massachusetts			<input type="checkbox"/> Ontario		
<input type="checkbox"/> Arizona			<input type="checkbox"/> Mexico			<input type="checkbox"/> Oregon		
<input type="checkbox"/> Arkansas			<input type="checkbox"/> Michigan			<input type="checkbox"/> Pennsylvania		
<input type="checkbox"/> Brit. Columbia			<input type="checkbox"/> Minnesota			<input type="checkbox"/> Prince Ed. Is.		
<input type="checkbox"/> California			<input type="checkbox"/> Mississippi			<input type="checkbox"/> Quebec		
<input type="checkbox"/> Colorado			<input type="checkbox"/> Missouri			<input type="checkbox"/> Rhode Island		
<input type="checkbox"/> Connecticut			<input type="checkbox"/> Montana			<input type="checkbox"/> Saskatchewan		
<input type="checkbox"/> Delaware			<input type="checkbox"/> Nebraska			<input type="checkbox"/> South Carolina		
<input type="checkbox"/> Dist. Columbia			<input type="checkbox"/> Nevada			<input type="checkbox"/> South Dakota		
<input type="checkbox"/> Florida			<input type="checkbox"/> Newfoundland			<input type="checkbox"/> Tennessee		
<input type="checkbox"/> Georgia			<input type="checkbox"/> New Brunswick			<input type="checkbox"/> Texas		
<input type="checkbox"/> Idaho			<input type="checkbox"/> New Hampshire			<input type="checkbox"/> Utah		
<input type="checkbox"/> Illinois			<input type="checkbox"/> New Jersey			<input type="checkbox"/> Vermont		
<input type="checkbox"/> Indiana			<input type="checkbox"/> New Mexico			<input type="checkbox"/> Virginia		
<input type="checkbox"/> Iowa			<input type="checkbox"/> New York			<input type="checkbox"/> Washington		
<input type="checkbox"/> Kansas			<input type="checkbox"/> North Carolina			<input type="checkbox"/> West Virginia		
<input type="checkbox"/> Kentucky			<input type="checkbox"/> North Dakota			<input type="checkbox"/> Wisconsin		
<input type="checkbox"/> Louisiana			<input type="checkbox"/> Northwest Terr.			<input type="checkbox"/> Wyoming		
<input type="checkbox"/> Maine			<input type="checkbox"/> Nova Scotia			Total 100% Fleet Miles		

NOTE: Explain the scope of your operation for any Estimated Distance shown above.

The undersigned certifies that information furnished in this application and the attached schedules are true and correct.

As a Maryland apportioned carrier, I understand for auditing purposes, I am required to preserve operational records on which my application is based for a period of three registration years. I also understand that an acceptable source document used to verify carrier fleet mileage is an "Individual Vehicle Mileage Record" which must contain the trip starting and ending date, trip origin and destination, route or starting and ending odometer/hub odometer reading, total trip miles, miles by each jurisdiction, unit/VIN number, fleet number, trailer number, registrants name and driver's signature or name.

SIGNATURE (Applicant or authorized representative)

TITLE

DATE

## INSTRUCTIONS FOR COMPLETING ORIGINAL MILEAGE (SCHEDULE B)

<b>Name of Registrant</b>	Name of the person, firm, or corporation requesting apportioned registration.
<b>Business Address</b>	(Street, city, zip code)—where applicant has an established place of business and will maintain and/or make records available for audit. Cannot be a post office box.
<b>Mailing Address</b>	(Street, city, state, zip code)—apportioned registration license plates and correspondence will be sent to this address. Cannot be a post office box.
<b>Kind of Operation</b>	Check kind of operation.
<b>Type of Application</b>	Check type of application.
<b>Federal ID Number</b>	Enter Federal ID number or Taxpayer Identification Number.
<b>U.S. Dot Number</b>	Enter applicant's U.S. DOT number.
<b>IFTA Account Number</b>	Enter IFTA account number.
<b>Person to Contact</b>	Name of person to be contacted to resolve problems with application, include phone number.
<b>Jurisdiction</b>	Place an "X" mark beside each IRP jurisdiction with which you wish to apportion registration.
<b>Mileage</b>	Enter mileage in every jurisdiction you will be traveling through.
<b>Signature</b>	Signature of person authorized to apply for registration and position held in the company.