

IRP REGISTRATION CERTIFICATION

This form must be completed prior to International Registration Plan (IRP) Registration or Renewal. If you answer no to any of the questions below, an explanation must be provided. Please answer the following questions about the physical structure of your business. If this is a home business, please answer about your home.

1. Is the physical structure of the "established place of business" located within the base jurisdiction of Nevada owned, leased, or rented by the fleet registrant?
 Yes No
If no, please explain: _____
2. Does the physical structure have a designated street number or road location?
 Yes No
If no, please explain: _____
3. Is this location open during normal business hours? (Monday – Friday 8 a.m. to 5 p.m.)
 Yes No
If no, please explain: _____
4. Has the applicant/registrant provided proof of residence in Nevada as deemed satisfactory by the Department? Acceptable documents proving an established business address may include, but aren't limited to, utility bills, or lease agreements.
 Yes No
If no, please explain: _____
5. Is there any person(s) conducting the fleet registrant's business in the location during normal business hours?
 Yes No
If no, please explain: _____
6. Are the operational records of the fleet located at this location?
 Yes No
If no, please explain: _____
7. If not, can the operational records be made available at the Nevada location in the event of an audit?
 Yes No
If no, please explain: _____

Note: If operational records are not available, the applicant/registrant must pay all costs of travel and per diem expenses in accordance with the IRP Plan, Section 1602 of the International Registration Plan (IRP): <http://www.irponline.org/Publications/ThePlan/>

Under penalties of perjury, the applicant/registrant declares that the information given is to the best of the applicant's/registrant's knowledge true, accurate and complete. The applicant/registrant understands that in the event the established place of business is proven to be outside the State of Nevada, the applicant/registrant's account will be suspended and registration and fees will not be refunded.

Please print or type

Account Number: _____

Company Name: _____

Company Address: _____

Full Legal Name: _____ **City** _____ **State** _____ **Zip Code** _____

Applicant/Registrant's Signature: _____ Date: _____