



IRP TEMPORARY EVIDENCE OF APPORTIONED REGISTRATION (TEAR) REQUEST FORM (ATTACHMENT B)

Temporary Evidence of Apportioned Registration is requested for the following vehicle(s):

IRP ACCOUNT #: _____

CARRIER NAME: _____

	<u>OEN</u>	<u>PLATE #</u>	<u>VIN</u>
1)	_____	_____	_____
2)	_____	_____	_____
3)	_____	_____	_____
4)	_____	_____	_____
5)	_____	_____	_____

Total number of TEAR registrations requested: _____

FAX NUMBER: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

EMAIL ADDRESS: _____

I understand that the temporary evidence of apportioned registration is valid for 30 days, covers a specific vehicle and is nontransferable. I agree to pay all fees and to provide all documents that are required of me within 30 days from the date the temporary evidence of apportioned registration is issued. I understand that my IRP account will be suspended if I do not pay the appropriate fees and provide the required documents within this 30-day period.

X _____
(Signature of Registrant)

(Date)

