



32. REG YEAR: _____ 33. ACCOUNT #: _____ 34. FLEET #: _____ 35. CARRIER: _____ REGISTRANT/

IF THIS IS A NEW ACCOUNT/FLEET AND YOU DO NOT HAVE ANY ACTUAL DISTANCE FOR THE PREVIOUS DISTANCE PERIOD (7/1 - 6/30) CHECK THIS BOX. THE AVERAGE PER VEHICLE DISTANCE CHART WILL BE USED FOR FEE CALCULATION.

IF ACTUAL DISTANCE WAS TRAVELED DURING PREVIOUS DISTANCE PERIOD (7/1 - 6/30) COMPLETE CHART BELOW.

(36)

Table with 2 columns: STATE, ACTUAL DISTANCE. Rows include AK (Alaska) through MI (Michigan).

Table with 2 columns: STATE, ACTUAL DISTANCE. Rows include MN (Minnesota) through UT (Utah).

Table with 2 columns: STATE, ACTUAL DISTANCE. Rows include VA (Virginia) through YT (Yukon), plus a section for CANADA with rows for AB (Alberta) through QC (Quebec).

CERTIFICATION: I, the Undersigned, certify under penalty of perjury that the information provided in this Distance Schedule is true and accurate to the best of my knowledge and that the actual distance travelled, as reported on this form, is supported by the distance records maintained. I understand and acknowledge my duty to: (a) maintain such records in compliance with IRP recordkeeping requirements for a period of six (6) years from the date of completion of each trip; (b) promptly make such records available for audit, at any time deemed appropriate by DMV; (c) reimburse DMV for auditor travel expenses incurred should audit require travel outside New York State; and (d) submit to monetary assessments and/or non-monetary sanctions of suspension or cancellation of my IRP account as DMV deems appropriate.

If this Distance Schedule is signed in my official capacity on behalf of the Carrier, I further certify that I am duly authorized to make this Certification on behalf of such entity.

Name of Registrant/Carrier (please print): _____

Sign here: _____ Title: _____ If signing as agent for a business entity, write your title (CEO, President, Vice-President, Secretary, Treasurer or Comptroller). Anyone else signing as agent for a business entity must send in an original Power of Attorney.

Date (mm/dd/yyyy): _____ / _____ / _____