

North Carolina Division of Motor Vehicles
APPORTIONED MILEAGE APPLICATION

1. IRP ACCOUNT NUMBER: _____ FLEET NUMBER: _____ OFFICE USE SUPPLEMENT NUMBER: _____

2. REGISTRATION PERIOD: EFFECTIVE DATE _____ / _____ / _____ EXPIRATION DATE _____ / _____ / _____

3. MILEAGE REPORTING YEAR: JULY 01, _____ THROUGH JUNE 30, _____

4. JURISDICTION MILEAGE [continued on page 2]

- o MARK AN X in the block to the left of each state to indicate a state of travel for the vehicles in this fleet.
- o LIST ACTUAL MILES in the ACTUAL MILES column for each state traveled by all vehicles in this fleet during the mileage-reporting period.
- o PLACE AN E in the ESTIMATED column to indicate ESTIMATED MILEAGE. The NC ESTIMATED MILEAGE FORMULA [one round trip of miles in a state] is used. Or [see next line]
- o WRITE your own ESTIMATES in the center column & *explain them in section 5 on page 2.
- o LAST NO TRAVEL INTENDED MILES in the third column. These are Trip Permit Miles and Actual Miles traveled during the reporting period in a state you NO LONGER desire apportionment.
- o ADDED JURISDICTION(S) SUPPLEMENTS should use the ESTIMATED MILES column.

	OFFICE USE	ACTUAL MILES	ESTIMATED MILES	NO TRAVEL MILES	OFFICE USE	ACTUAL MILES	ESTIMATED MILES	NO TRAVEL MILES
<input type="checkbox"/> AK ALASKA								
<input type="checkbox"/> AL ALABAMA								
<input type="checkbox"/> AR ARKANSAS								
<input type="checkbox"/> AZ ARIZONA								
<input type="checkbox"/> CA CALIFORNIA								
<input type="checkbox"/> CO COLORADO								
<input type="checkbox"/> CT CONNECTICUT								
<input type="checkbox"/> DC DIST OF COLUMBIA								
<input type="checkbox"/> DE DELAWARE								
<input type="checkbox"/> FL FLORIDA								
<input type="checkbox"/> GA GEORGIA								
<input type="checkbox"/> IA IOWA								
<input type="checkbox"/> ID IDAHO								
<input type="checkbox"/> IL ILLINOIS								
<input type="checkbox"/> IN INDIANA								
<input type="checkbox"/> KS KANSAS								
<input type="checkbox"/> KY KENTUCKY								
<input type="checkbox"/> LA LOUISIANA								
<input type="checkbox"/> MA MASSACHUSETTS								
<input type="checkbox"/> MD MARYLAND								
<input type="checkbox"/> ME MAINE								
<input type="checkbox"/> MI MICHIGAN								
<input type="checkbox"/> MN MINNESOTA								
<input type="checkbox"/> MO MISSOURI								
<input type="checkbox"/> MS MISSISSIPPI								
<input type="checkbox"/> MT MONTANA								
<input checked="" type="checkbox"/> NC NORTH CAROLINA								
<input type="checkbox"/> ND NORTH DAKOTA								
<input type="checkbox"/> NE NEBRASKA								
<input type="checkbox"/> NH NEW HAMPSHIRE								
<input type="checkbox"/> NJ NEW JERSEY								
<input type="checkbox"/> NM NEW MEXICO								
<input type="checkbox"/> NV NEVADA								
<input type="checkbox"/> NY NEW YORK								

THIS IS A TWO-PART FORM. PLEASE CONTINUE TO THE NEXT PAGE.