

**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 from page 1]

	OFFICE USE	ACTUAL MILES	ESTIMATED MILES	NO TRAVEL MILES	OFFICE USE	ACTUAL MILES	ESTIMATED MILES	NO TRAVEL MILES
<input type="checkbox"/> OH OHIO					<input type="checkbox"/> AB ALBERTA			
<input type="checkbox"/> OK OKLAHOMA					<input type="checkbox"/> BC BRITISH COLUMBIA			
<input type="checkbox"/> OR OREGON					<input type="checkbox"/> MB MANITOBA			
<input type="checkbox"/> PA PENNSYLVANIA					<input type="checkbox"/> NB NEW BRUNSWICK			
<input type="checkbox"/> RI RHODE ISLAND					<input type="checkbox"/> NF NEWFOUNDLAND			
<input type="checkbox"/> SC SOUTH CAROLINA					<input type="checkbox"/> NS NOVA SCOTIA			
<input type="checkbox"/> SD SOUTH DAKOTA					<input type="checkbox"/> NT NORTHWEST TERR			
<input type="checkbox"/> TN TENNESSEE					<input type="checkbox"/> ON ONTARIO			
<input type="checkbox"/> TX TEXAS					<input type="checkbox"/> PE PRINCE EDWARD IS			
<input type="checkbox"/> UT UTAH					<input type="checkbox"/> QC QUEBEC			
<input type="checkbox"/> VA VIRGINIA					<input type="checkbox"/> SK SASKATCHEWAN			
<input type="checkbox"/> VT VERMONT					<input type="checkbox"/> YT YUKON TERRITORY			
<input type="checkbox"/> WA WASHINGTON								
<input type="checkbox"/> WI WISCONSIN								
<input type="checkbox"/> WV WEST VIRGINIA								
<input type="checkbox"/> WY WYOMING					<input type="checkbox"/> MX MEXICO			

**MILEAGE TOTALS** [pages 1 & 2] ACTUAL: \_\_\_\_\_ ESTIMATED: \_\_\_\_\_ NO TRAVEL: \_\_\_\_\_ GRAND TOTAL: \_\_\_\_\_

5. EXPLANATION OF ESTIMATED MILES: [If you did not use the NC ESTIMATED MILEAGE FORMULA, please explain your method for mileage estimates.] \_\_\_\_\_

6. MILEAGE CERTIFICATION: I CERTIFY THE MILEAGE ON THIS SCHEDULE REPRESENTS THE ACTUAL MILES AND NO TRAVEL MILES FOR THE VEHICLES OPERATING IN THIS FLEET. I AM DECLARING ESTIMATED MILES IN THE STATES I DID NOT TRAVEL BUT NEED ON MY LICENSE CAB CARD.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

MUST BE SIGNED IN INK BY ACCOUNT HOLDER OR AUTHORIZED REPRESENTATIVE OF FIRM OR BUSINESS