



Georgia Department of Revenue
 Motor Vehicle Division
 International Registration Plan (IRP)
 P. O. Box 740382
 Atlanta, Georgia 30374-0382
 Fax: (770) 359-1823
 E-mail: commercial.vehicles@dor.ga.gov
 Website: www.cvisn.dor.ga.gov

Georgia IRP Schedule G – New Account Application
 Attach completed Mileage Schedule B [Form T-139]

1. Registrant's/Carrier's Full Legal Name:

2. Registrant's/Carrier's Telephone Number (including area code):

3. Check the applicable box below indicating how your vehicles are currently registered? (Check only one box) Complete additional sheets if necessary.

Newly Registered Vehicle

Georgia Intrastate Plate, Plate Number: _____

Georgia IRP Plate, Plate Number: _____ Georgia IRP Account Number: _____

Out-of-State Vehicle Plate, Plate Number: _____

Other, Plate Number: _____

4. Have any vehicles been IRP registered under this account, or any other account? Yes No
 If 'yes', please record the name of each account along with the name of the jurisdiction where registered:

5. Are your vehicle(s) currently leased to a lessee-carrier? Yes No
 If 'yes', list the name and address of the lessee-carrier:

6. Has any licensing service, remittance agency, trucking service agency, consultant, or other individual(s) assisted you in the preparation of your IRP application? Yes No
 If 'yes', list the individuals' or agents' names and addresses:

7. Have you ever reported 'estimated' miles in the jurisdiction(s) in which you are requesting to estimate miles? Yes No

8. If you currently have apportioned license plates, or if you have had apportioned license plates in the past, please explain why estimated miles are being used:

9. Are you currently under a registration suspension? Yes No

Under penalties of perjury, I declare that the above information is true, correct and complete to the best of my knowledge and belief.

Signature:	Position or Job Title:	Date:
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