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|---|--------------|--------------|------------------|--|--|--|--|--|--|---|--|
| Account Number | Fleet Number | License Year | Expiration Month | South Carolina International Registration Plan SCHEDULE A/E Original Application for Apportioned Registration Federal Employer I.D. Number (Required for Company) Social Security Number (Required for Individual) Person to contact regarding application City State Area Code Phone No. U.S. DOT Number Canadian Authority No. <i>(Rev. 9/10)</i> | | | | Type of Operation: <input type="checkbox"/> Exempt Commodity Carrier <input type="checkbox"/> Household Goods Carrier <input type="checkbox"/> Private Carrier <input type="checkbox"/> For-Hire Carrier <input type="checkbox"/> Rental Company | | FOR OFFICE USE ONLY New Account__ Existing Account__ Months Billed__ County No._____ Identification Provided_____ Weight Group_____ | |
| Name of Registrant | | | | | | | | | | | |
| Business Address (where fleet is based) | | | | | | | | MUST PROVIDE COPY OF LEASE Date first operated as a fleet: _____ | | Expiration Date_____ | |
| City | County | State | Zip Code | | | | | | | | |
| Mailing Address | | | | | | | | City State Area Code Phone No. U.S. DOT Number Canadian Authority No. | | | |
| City | County | State | Zip Code | | | | | | | | |

I hereby declare the vehicles listed on this application to be insured motor vehicles in accordance with the S. C. Automobile Reparation Reform Act and the S. C. Motor Vehicle Financial Responsibility Act under the penalty set forth in Section 56-11-760 and will maintain security thereon during the registration period. PLEASE NOTE: If all your vehicles are covered under the same policy, you may enter the word "ALL" in the Unit Number column.

| Unit Number | Name of Insurance Company (Not Agency) | Policy Number | Effective Dates | Agency/Agent's Name |
|-------------|--|---------------|-----------------|---------------------|
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Units listed on this page will be authorized to operate in the jurisdictions and at the weights listed below. Exceptions on any jurisdictions, weights or types must be grouped on separate pages.

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|-----------------------|------------------------|--------------------|------------------|---------------------|-------------------|-------------------------|---------------------|----------------------|
| (AB) Alberta | (CO) Colorado | (ID) Idaho | (MB) Manitoba | (MT) Montana | (NJ) New Jersey | (OH) Ohio | (RI) Rhode Island | (VA) Virginia |
| (AK) Alaska | (CT) Connecticut | (IL) Illinois | (MD) Maryland | (MX) Mexico | (NL) Newfoundland | (OK) Oklahoma | (SC) South Carolina | (VT) Vermont |
| (AL) Alabama | (DC) Dist. of Columbia | (IN) Indiana | (ME) Maine | (NB) New Brunswick | (NM) New Mexico | (ON) Ontario | (SD) South Dakota | (WA) Washington |
| (AR) Arkansas | (DE) Delaware | (KS) Kansas | (MI) Michigan | (NC) North Carolina | (NS) Nova Scotia | (OR) Oregon | (SK) Saskatchewan | (WI) Wisconsin |
| (AZ) Arizona | (FL) Florida | (KY) Kentucky | (MN) Minnesota | (ND) North Dakota | (NT) NW Territory | (PA) Pennsylvania | (TN) Tennessee | (WV) West Virginia |
| (BC) British Columbia | (GA) Georgia | (LA) Louisiana | (MO) Missouri | (NE) Nebraska | (NV) Nevada | (PE) Prince Edward Is. | (TX) Texas | (WY) Wyoming |
| (CA) California | (IA) Iowa | (MA) Massachusetts | (MS) Mississippi | (NH) New Hampshire | (NY) New York | (QC) Quebec (use axles) | (UT) Utah | (YT) Yukon Territory |

