

**Client Name** \_\_\_\_\_

**Service Request Codes <sup>(1)</sup>**

IRP Account **AB** \_\_\_\_\_

**Contact Information**

Name \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Fax \_\_\_\_\_  
 Email \_\_\_\_\_

- AV Add Vehicle
- TR Transfer Vehicle (same plate)
- EX Transfer Vehicle (change plate)
- CV Change Vehicle Information (colour, unit #, lessor)
- PR Plate Replacement only
- WC Weight Change
- RD Replace Documents

Fleet No. \_\_\_\_\_  
 Fleet Year \_\_\_\_\_  
 Supp. No. \_\_\_\_\_  
 Effective Date \_\_\_\_\_  
 MVID (Motor Vehicle ID) \_\_\_\_\_

**Section A**

Line No.	Service Request <sup>(1)</sup>	Vehicle Identification Number VIN (Serial Number)	Colour	Vehicle Year	Make	Unit Number	Fuel Type	Vehicle Type <sup>(2)</sup>	Bus Seats	Odometer Reading	Regulation Code <sup>(3)</sup>

**Section B**

Line No.	Lease Company Name <i>(only if vehicle is being leased)</i>	MVID of Lease Company	Vehicle Owner Name (or names if owned jointly) <i>(If there are multiple owners/lessees provide all names)</i>	MVID or Date of Birth

**Section C**

Line No.	Date of Purchase/Lease	Purchase or Capitalized Cost		Exchange Rate	Tare Weight	Axles	Plate Number	Commodity Code <sup>(4)</sup>	Weight Group
		CDN \$	US \$						

Is Insurance the same as on Distance-Form 1?	
Yes	No

**Section D**

**Delete Vehicle Information**

Line No.	Vehicle Identification Number VIN (Serial Number)	Plate Number	Unit Number	Vehicle Year	Weight Group

**Vehicle Type Codes <sup>(2)</sup>**

- BS = Bus
- TR = Truck
- TT = Truck & Trailer

**Commodity Codes <sup>(4)</sup>**

- A = All
- H = Household

**Regulation Codes <sup>(3)</sup>**

- \*12 = Mounted Equipment
- 13 = Bed Truck
- 14 = Fire Truck

**\*Describe Mounted Equipment:**

See Prorate Information Guide for more information.

Date \_\_\_\_\_

Signature \_\_\_\_\_

**❖ INSTRUCTIONS FOR COMPLETING VEHICLE – FORM 2 ❖**

*For more information see related topics in the Prorate Information Guide or call Prorate Services*

*For Client Name, Contact Information, IRP Account, Fleet No., Fleet Year, Supp No., Effective Date and MVID see Distance - Form 1 instructions.*

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**All Sections (A, B, C & D)**

**Line No.** – Each section has a corresponding line with the next section. i.e. The vehicle on the first line of Section A would also be the vehicle on the first line of Sections B and C. Delete vehicle requests use Section D only.

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**Section A**

**Service Request** <sup>(1)</sup> – Use one of the codes found at the top of the Vehicle - Form 2 to identify which service you require. When service is a transfer (TR) or exchange (EX), indicate the vehicle being removed on the corresponding line in Section D.

**Vehicle Identification Number** –VIN (Serial Number).

**Colour** – Primary colour of power unit.

**Vehicle Year** – Model year of the vehicle.

**Make** - Vehicle make (i.e. Kenworth, Ford, Peterbilt, etc.).

**Unit Number** – All vehicles must have a unit number assigned by the client (maximum 8 digits).

**Fuel Type** –Diesel, gas, propane, multi-fuel or other.

**Vehicle Type** <sup>(2)</sup> – Use one of the codes found at the bottom of the Vehicle - Form 2.

**Bus Seats** – For bus use only. The factory rated seating capacity.

**Odometer Reading** – Optional.

**Regulation Code** <sup>(3)</sup> – If applicable, use one of the codes found at the bottom of the Vehicle - Form 2.

- For code 12, it is necessary to describe the type of mounted equipment.
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**Section B**

**Lease Company Name** – If the vehicle is being leased record the name of the leasing company.

**MVID of Lease Company** – MVID of Leasing Company (if unknown leave blank).

**Vehicle Owner Name (or names if owned jointly)** –Individual and/or company other than the registrant. Record all names if owned by more than one person.

**MVID or Date of Birth** –MVID of the owner/operator if known.

- For an individual provide date of birth if MVID is not known.
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### **Section C**

**Date of Purchase/Lease** – In the format YYYY/MM/DD

#### **Purchase or Capitalized Cost**

- CDN \$ - Total purchase price including the cost of Permanently Mounted Equipment (do not include GST, sales tax or tire tax). For leased vehicles this is the capitalized cost or value of vehicle at the time of signing legal documents.
- US \$ - Convert the CDN \$ to US \$ using the exchange rate on the date of purchase.

**Exchange Rate** – Exchange rate on the date of purchase/lease (optional).

**Tare Weight** – Empty, unladen or shipping weight of power unit.

**Axles** – Total number of axles on power unit (steering and drive).

**Plate Number** – Do you currently have a plate for the power unit?

- If yes, provide the plate number.
- If no, enter “NEW”.

**Commodity Code**<sup>(4)</sup> – Use one of the codes found at the bottom of the Vehicle - Form 2.

**Weight Group** – Indicate the weight group number that is to be associated with the unit.

(See Weight – Form 3 instructions.)

**Is Insurance the same as on Distance – Form 1?**

- If yes, indicate on form.
- If no, indicate on form and provide a valid copy of insurance to your Registry Agent.

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### **Section D – Delete Vehicle Information**

When deleting or transferring a vehicle out of the fleet, provide the following information in Section D:

- Vehicle Identification Number
- Plate Number
- Unit Number
- Vehicle Year
- Weight Group

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#### **\*Describe Mounted Equipment**

If using Regulation Code 12 provide a description of the permanently mounted equipment. Photos of side and rear of vehicle may be required. (See Permanently Mounted Equipment and Glossary in the Prorate Information Guide.)

<b>NOTE: For backup documents required see table last page of Prorate Application Instructions.</b>
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