



**IRP TEMPORARY AUTHORITY (TA)
REQUEST FORM
(ATTACHMENT B)**

Temporary Authority is requested for the following vehicle(s):

IRP ACCOUNT #: _____

CARRIER NAME: _____

OEN

PLATE #

VIN #

- | | | | |
|----|-------|-------|-------|
| 1) | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ |
| 3) | _____ | _____ | _____ |
| 4) | _____ | _____ | _____ |
| 5) | _____ | _____ | _____ |

Total # TA registrations requested _____

FAX NUMBER: _____

CONTACT PERSON: _____

PHONE NUMBER: _____

WIRE SERVICE NAME: _____
(if applicable)

I understand that the temporary authority registration is valid for 30 days, covers a specific vehicle and is nontransferable. I agree to pay all fees and to provide all documents that are required of me within 30 days from the date the temporary authority is issued. I understand that my IRP account will be suspended if I do not pay the appropriate fees and provide the required documents within this 30-day period.



(Signature of Registrant)

(Date)