



Texas Department of Motor Vehicles

Texas IRP Cab Card Weight Schedule

(Reg Year)

Type of Transaction: Original Renewal Supplement

Account Name _____

Account Number _____

Fleet Number _____

Supplement Number _____

The following schedule should be completed by all Texas based carriers and should indicate the weight you wish to prorate in that jurisdiction. Vehicles must be listed in the same unit order as on the original application or supplemental application. If this form is completed in conjunction with an apportioned registration renewal application, you need only complete this form if you are making changes to the registered weights of vehicles already in the fleet.

List the total combined Gross Weight of the power vehicles or combination of vehicles (Power Units Only).

Jurisdiction	UNIT No.	UNIT No.	UNIT No.	UNIT No.	UNIT No.
AL					
AR					
AZ					
CA					
CO					
CT					
DC					
DE					
FL					
GA					
IA					
ID					
IL					
IN					
KS					
KY					
LA					
MA					
MD					
ME					
MI					
MN					
MO					
MS					
MT					
NC					
ND					
NE					
NH					
NJ					

Jurisdiction	UNIT No.	UNIT No.	UNIT No.	UNIT No.	UNIT No.
NM					
NV					
NY					
OH					
OK					
OR					
PA					
RI					
SC					
SD					
TN					
TX					
UT					
VA					
VT					
WA					
WI					
WV					
WY					

CANADIAN PROVINCES

AB					
BC					
MB					
NB					
NL					
NS					
ON					
PE					
QC					
SK					

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