

OHIO DEPARTMENT OF PUBLIC SAFETY BUREAU OF MOTOR VEHICLES

MOTOR CARRIER RESPONSIBLE FOR SAFETY STATEMENT

REGISTRATION YEAR	IRP ACCOUNT NAME	VEHICLE I		IRP ACCOUNT/FLEET NUMBER		
TE GIOTTO TITO TE TE TE	in the control of the			, , , , , , , , , , , , , , , , , ,	LET NOMBER	
UNIT NUMBER	VEHICLE YEAR	VEHICLE MAKE	PLATE NUM	MBER VI	EHICLE IDENTIFICATION NUMBER (VIN)	
If more vehicles similarly registered are under this safety agreement in this fleet-attach a list including the above information for each additional vehicle						
The identified vehicle(s) will operate under the	safety responsibility	of the following n	notor carrier un	der a ☐ Term Lease or ☐ Trip Lease.	
If Term Lease please provide the length of term to						
USDOT	TAXPAYER II	NUMBER (TIN)	N) MOTOR CARRIER NAME			
CONTACT NAME			CONTACT TELEF	PHONE NUMBER	CONTACT FAX OR E-MAIL ADDRESS	
By signing below, the Motor Carrier Responsible for Safety identified above agrees to:						
Maintain an active USDOT status classified as an Interstate Motor Carrier and comply with all USDOT requirements, including timely updates and Unified Carrier Registration (UCR) fillings.						
Immediately advise the IRP Processing Center of the Ohio Bureau of Motor Vehicles when this safety agreement is terminated.						
Notification must be in writing, submitted via e-mail to OHIRP@dps.ohio.gov, this can be done by:						
☐ Checking this box and completing the following information to indicate that the safety agreement with the identified vehicle(s) has been terminated.						
 Date Safety A 	greement Terminated _	//	.			
 (MCRS) Authorized Representative's Name reporting the safety agreement termination to the IRP Processing Center of the Ohio Bureau of Motor Vehicles office. 						
Date Submitted to the IRP Processing Center/						
MOTOR CARRIER RESPONSI	THORIZED REPRESENTAT	IVE'S PRINTED NAME	TITLE			
AUTHORIZED REPRESENTATIVE'S SIGNATURE*				DATE	DATE	
Χ						

IRP Registrant

Submit a copy of the signed and completed form with your IRP Application.

IRP Registrants if you are submitting this document because <u>you are not</u> the Motor Carrier Responsible for Safety – you are required to notify the IRP Processing Center of the Ohio Bureau of Motor Vehicles with 10 days of any changes to your vehicle(s)'s safety agreement to obtain new IRP Registration Cab Cards, or be subject to enforcement actions including suspension of your vehicle registration.

^{*}Cannot be signed by a licensing agent or third-party