



32. REG YEAR: _____ 33. ACCOUNT #: _____ 34. FLEET #: _____ 35. CARRIER: _____

IF THIS IS A NEW ACCOUNT/FLEET AND YOU DO NOT HAVE ANY ACTUAL DISTANCE FOR THE PREVIOUS DISTANCE PERIOD (7/1 - 6/30)
CHECK THIS BOX. ☐ THE AVERAGE PER VEHICLE DISTANCE CHART WILL BE USED FOR FEE CALCULATION.

IF THE ACTUAL DISTANCE WAS TRAVELED DURING THE PREVIOUS DISTANCE PERIOD (7/1 - 6/30), COMPLETE THE CHART BELOW.
DO NOT ROUND THE ACTUAL DISTANCE.

(36)

STATE	ACTUAL DISTANCE
AK (Alaska)	
AL (Alabama)	
AR (Arkansas)	
AZ (Arizona)	
CA (California)	
CO (Colorado)	
CT (Connecticut)	
DC (Dist. of Col.)	
DE (Delaware)	
FL (Florida)	
GA (Georgia)	
IA (Iowa)	
ID (Idaho)	
IL (Illinois)	
IN (Indiana)	
KS (Kansas)	
KY (Kentucky)	
LA (Louisiana)	
MA (Massachusetts)	
MD (Maryland)	
ME (Maine)	
MI (Michigan)	

STATE	ACTUAL DISTANCE
MN (Minnesota)	
MO (Missouri)	
MS (Mississippi)	
MT (Montana)	
NC (North Carolina)	
ND (North Dakota)	
NE (Nebraska)	
NH (New Hampshire)	
NJ (New Jersey)	
NM (New Mexico)	
NV (Nevada)	
NY (New York)	
OH (Ohio)	
OK (Oklahoma)	
OR (Oregon)	
PA (Pennsylvania)	
RI (Rhode Island)	
SC (South Carolina)	
SD (South Dakota)	
TN (Tennessee)	
TX (Texas)	
UT (Utah)	

STATE	ACTUAL DISTANCE
VA (Virginia)	
VT (Vermont)	
WA (Washington)	
WI (Wisconsin)	
WV (West Virginia)	
WY (Wyoming)	
MX (Mexico)	
CANADA	
AB (Alberta)	
BC (British Columbia)	
MB (Manitoba)	
NB (New Brunswick)	
NL (Newfoundland/ Labrador)	
NS (Nova Scotia)	
NT (Northwest Terr.)	
ON (Ontario)	
PE (Prince Edward Isl.)	
QC (Quebec)	
SK (Saskatchewan)	
YT (Yukon)	

CERTIFICATION: I, the Undersigned, certify under penalty of perjury that the information provided in this Distance Schedule is true and accurate to the best of my knowledge and that the actual distance traveled, as reported on this form, is supported by the distance records maintained. I understand and acknowledge my duty to: (a) maintain such records in compliance with IRP recordkeeping requirements for a period of **six (6) years** from the date of completion of each trip; (b) promptly make such records available for audit, at any time deemed appropriate by DMV; (c) reimburse DMV for auditor travel expenses incurred should audit require travel outside New York State; and (d) submit to monetary assessments and/or non-monetary sanctions of suspension or cancellation of my IRP account as DMV deems appropriate.

If this Distance Schedule is signed in my official capacity on behalf of the Carrier, I further certify that I am duly authorized to make this Certification on behalf of such entity.

Name of Registrant/Carrier (please print): _____

Sign here: **X** _____
If signing as agent for a business entity, write your title (CEO, President, Vice-President, Secretary, Treasurer or Comptroller). Anyone else signing as agent for a business entity must send a notarized Power of Attorney.

Title: _____

Date (mm/dd/yyyy): _____ / _____ / _____