



AFFIDAVIT – PROOF OF FINANCIAL RESPONSIBILITY FOR EMPLOYER OR RENTAL VEHICLE

State Form 55434 (R4 / 11-25)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES
Records Management
100 North Senate Avenue
Room N481
Indianapolis, IN 46204
BMVRecordsManagement@bmv.IN.gov

The legal authority for this form is IC 9-25-6-3(f).

- INSTRUCTIONS:**
1. This Affidavit is to be completed **only if** the BMV is requesting proof of financial responsibility for a driver that was: operating a vehicle owned by an employer during the course of employment; or operating a vehicle rented from a rental company or vehicle sharing program, pursuant to a valid rental agreement or shared vehicle agreement, in which the driver of a vehicle is required to submit proof of financial responsibility.
 2. If the vehicle involved is owned by an employer, **an authorized representative of the employer must complete Section A below** and mail or email a completed, signed copy directly to the Indiana BMV at the address listed above.
 3. If the vehicle involved was rented, pursuant to a valid rental / shared vehicle agreement with a rental company / vehicle sharing program, **a representative of the rental company / vehicle sharing program must complete Section B below** and mail or email a completed, signed copy directly to the Indiana BMV at the address listed above.
 4. The completed Affidavit must be received by the BMV seven (7) days before the suspension date provided in the Financial Responsibility Verification notice in order to avoid a suspension of the driver's driving privileges for a failure to provide proof of financial responsibility.

NOTE: The affiant and driver cannot be one and the same.

AFFIDAVIT				
SECTION A – EMPLOYER-OWNED VEHICLE				
Affiant's Printed Name (Employer Representative)		Position / Title of Affiant		Employer's Name (Company Name)
Employer's Address (number, street)			City	State ZIP Code
Driver's Name		Driver's License Number of Driver		Driver's Date of Birth (mm/dd/yyyy)
Vehicle Year	Vehicle Make		Date of Accident or Citation (mm/dd/yyyy)	
SECTION B – RENTAL / SHARED VEHICLE				
Affiant's Printed Name (Company Representative)		Position / Title of Affiant		Rental Company
Rental Company Address (number, street)			City	State ZIP Code
Driver's Name		Driver's License Number of Driver		Driver's Date of Birth (mm/dd/yyyy)
Vehicle Year	Vehicle Make	Date Rented (mm/dd/yyyy)	Date Rental Returned (mm/dd/yyyy)	
I swear or affirm that the information I have entered on this form is true and correct. I understand that making a false statement may constitute the crime of perjury and may result in suspension of driving privileges.				
Signature of Affiant			Date Signed (mm/dd/yyyy)	
Email Address of Affiant			Telephone Number of Affiant	
Signature of Driver			Date Signed (mm/dd/yyyy)	