BUREAU OF MOTOR VEHICLES
Records Management
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AFFIDAVIT – PROOF OF FINANCIAL RESPONSIBILITY FOR EMPLOYER OR RENTAL VEHICLE

State Form 55434 (R5 / 07-26)
INDIANA BUREAU OF MOTOR VEHICLES

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 BMV must receive the completed Affidavit at least 10 business days before the suspension start date, and the information on the affidavit must match the information on the pending notice to prevent a driver's license suspension.*

***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)*