



AFFIDAVIT – PROOF OF FINANCIAL RESPONSIBILITY FOR EMPLOYER OR RENTAL VEHICLE

State Form 55434 (R / 3-14)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES
Credential Programs
100 North Senate Avenue
Room N481
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. This Affidavit is to be completed only if the BMV is requesting proof of financial responsibility for a driver that was: (1) operating a vehicle owned by an employer during the course of employment; or, (2) operating a vehicle rented from a rental company, pursuant to a valid rental 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 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 agreement with a rental company, a representative of the rental company must complete section B below and mail 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.

AFFIDAVIT

A. Employer-Owned Vehicle

I, _____, swear or affirm under penalty of perjury that:
Affiant's Printed Name

1. I am currently employed as _____ by _____
Position/Title Employer's Name

Employer's Address (Number, Street, City, State, ZIP Code)

2. Our employee _____
Driver's Name Driver's License Number Driver's Date of Birth (mm/dd/yyyy)
was operating a _____
Vehicle Year & Vehicle Make
owned by the employer during the normal course of his/her employment on _____
Date of Accident or Citation (mm/dd/yyyy)

B. Rental Vehicle

I, _____, swear or affirm under penalty of perjury that:
Affiant's Printed Name

1. I am currently employed as _____ by _____
Position/Title Rental Company

Rental Company Address (Number, Street, City, State, ZIP Code)

2. Our customer _____
Driver's Name Driver's License Number Driver's Date of Birth (mm/dd/yyyy)
rented a _____
Vehicle Year & Vehicle Make

3. The term of the rental agreement is/was _____ to _____
(mm/dd/yyyy) (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)