



Form INBPR-A

State Form 55394

(10-13)

State of Indiana
Application for Base Plate Registration
SCHEDULE A

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| SECTION 1 | Please refer to the back for instructions. | | | | 9. Mailing Address | | | | 16. BPR Account /Fleet Number | | | | 17. License Year | | | | | |
| | 1. Legal Name | | | | | | | | 10. County | | | | | | | | 11. City | |
| | 2. Business Entity Type <input type="checkbox"/> Partnership <input type="checkbox"/> Incorporation <input type="checkbox"/> Sole-Proprietorship <input type="checkbox"/> Nonprofit <input type="checkbox"/> Government Owned | | | | 12. State | | | | | | | | 13. Zip Code | | | | 19. New Account <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| | 3. Federal ID Number (or Social Security number if Sole-Proprietor) | | | | | | | | 14. Indiana Business Telephone Number | | | | | | | | 22. Contact Telephone Number | |
| | 4. Indiana Business Street Address | | | | 15. Email Address | | | | | | | | 23. Account Fax Number | | | | | |
| | 5. County | | 6. City | | | | | | 7. State | | 8: Zip Code | | | | | | | |
| Please list the entire names and Social Security Number of owners, partners or coporate officers. (Attach a separate sheet if necessary.) | | | | | | | | | | | | | | | | | | |
| Last, First and Middle Initial | | | | Social Security Number | | | | Last, First and Middle Initial | | | | Social Security Number | | | | | | |
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| SECTION 2 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | 16 | | |
| | Unit | Year | Make | Vehicle Identification Number | Type | Axles or Seats | MCS USDOT Number | Fuel | Unladen Weight | Declared Gross Weight | Declared Combined Gross Weight | Purchase Price | Factory Price | Purchase Date | Owner | County | | |
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| 17. Perjury Statement Under penalty of perjury, I have examined this return and all attachments and to the best of my knowledge and belief, it is true, complete and correct. I am providing proof of financial responsibility prior to affixing my signature hereto. | | | | | | | | | 18. Insurance Company Name _____ | | | | | | | | | |
| Signature _____ | | | | | | | | | Policy Number _____ | | | | | | | | | |
| Job Title _____ | | | | | | | | | Date _____ | | | | | | | | | |

Schedule A Instructions

Section 1

Line 1: Enter the legal name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The department will register the applicant in the same name as registered with the Indiana Secretary of State or Indiana Department of Revenue.)

Line 2: Enter the business entity type as registered with the Indiana Secretary of State or Indiana Department of Revenue. Business entity types are incorporation, partnership, sole proprietor, not-for-profit organization, or government owned.

Lines 3: Enter the Federal Identification Number if registered as a corporation or partnership. Enter the Social Security Number if registered as a sole proprietorship.

Lines 4 through 8: Enter the Indiana physical address location of the place of business.

Line 9 through 13: Enter the mailing address where correspondence regarding the BPR Account is to be received by the contact person (designated on Line 22).

Line 14: Enter the Indiana business telephone number.

Line 15: Enter the email address for electronic communication with the BPR Unit.

Line 16: Enter the Indiana BPR account number and fleet number. If the application is for the establishment of a new account, leave blank.

Line 17: Enter the last two digits of the registration year.

Line 18: Enter the staggered month of the account.

Line 19: Enter an X in the appropriate box for determining if a new account.

Line 20: Enter the Taxpayer Identification Number of the applicant. All business entities must register with the Indiana Department of Revenue and obtain a taxpayer identification number.

Line 21: Enter the name of the person who is responsible for conducting the account's business with the BPR Unit. If the contact person is not a listed responsible officer of the business entity, then a Power of Attorney is required, with the signature of a responsible officer and the contact person designee.

Line 22: Enter the telephone number of the contact person.

Line 23: Enter the account fax number.

Section 2

Column 1: Enter the registrant assigned unit number or equipment number for the vehicle.

Column 2: Enter the last two digits of the model year of the vehicle.

Column 3: Enter the vehicle make using the three letter abbreviation that is shown on the vehicle title or title application.

Column 4: Enter the entire Vehicle Identification Number (VIN) as shown on the certificate of title or title application.

Column 5: Enter the type of vehicle. Vehicle types: TK - Truck (single), TR-Tractor, TT-Truck Tractor, RT-Road Tractor, ST-Semi-Trailer, FT-Full Trailer, WR-Wrecker. (Use only the abbreviation.) Enter "1ST" for one-year Semi-Trailer, "5ST" for five-year Semi-Trailer plate or "PST" for Permanent Semi-Trailer plate.

Column 6: Enter the number of axles, including axles in a tandem group. If registering a bus, indicate the rated seat capacity.

Column 7: Enter the Motor Carrier USDOT Number of the entity responsible for the vehicle safety fitness. If the registrant is a lessee, the responsible party will be determined via a lease agreement.

Column 8: Enter the fuel type. Fuel types are as follows: D-Diesel, G-Gasoline, P-Propane, O-Other. (Use only the abbreviation.)

Column 9: Enter the weight of the vehicle fully equipped for service excluding the weight of any load.

Column 10: Enter the total unladen weight of the vehicle plus the maximum load to be carried on the vehicle.

Column 11: Enter the total unladen weight of the combination of vehicles plus the maximum load to be carried on that combination of vehicles.

Column 12: Enter the actual purchase price of the vehicle paid by the current owner, excluding trade in and sales tax, including accessories or modifications attached to the vehicle.

Column 13: Enter the manufacturer's retail price excluding trade in and sales tax, including accessories or modification attached to the vehicle.

Column 14: Enter the month, day and year in which the vehicle was purchased by the current owner.

Column 15: Enter the name of the titled owner, if the vehicle is not owned by the applicant

Column 16: Enter the Indiana County for each vehicle.

Column 17: The Schedule A must be signed, in INK by the responsible person. Please include the job title and date.

Column 18: Print or type the full name of your insurance company licensed in Indiana (not the agency or group). Enter your policy number.