

**Form INIRP-BN**State Form 55550
(R20 / 3-26)Indiana Department of Revenue
**International Registration Plan
New Account Schedule BN**

Section 1							
1. Registrant Name		7. Fleet Mailing Address		12. IRP Account Number		13. Fleet Number	
2. Fleet Street Address		3. County	8. County		9. City	14. New Account <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. City	5. State	6. ZIP Code	10. State		11. ZIP Code		
15. Type of Carrier (check only one) <input type="checkbox"/> Private Carrier <input type="checkbox"/> Exempt Commodity Carrier <input type="checkbox"/> "For Hire" Carrier (Common Carrier) <input type="checkbox"/> Household Goods Carrier							

Section 2 *NR - Non Reciprocity
(Place an X in the column to the right of the jurisdictions where proportional registration is sought.)

Jurisdiction	X	Mileage	Jurisdiction	X	Mileage	Jurisdiction	X	Mileage
AB Alberta		21	ME Maine		187	PA Pennsylvania		3,711
AL Alabama		1,813	MI Michigan		1,550	PE Prince Ed. Is.		26
AR Arkansas		1,490	MN Minnesota		681	QC Quebec		28
AZ Arizona		1,599	MO Missouri		2,176	RI Rhode Island		71
BC British Col.		42	MS Mississippi		1,082	SC S. Carolina		1,514
CA California		4,493	MT Montana		328	SD S. Dakota		154
CO Colorado		955	NB New Bruns.		6	SK Saskatchewan		12
CT Connecticut		531	NC N. Carolina		2,387	TN Tennessee		2,616
DC Wash. D.C.		7	ND N. Dakota		191	TX Texas		6,264
DE Delaware		165	NE Nebraska		570	UT Utah		881
FL Florida		2,996	NF Newfoundland		20	VA Virginia		1,995
GA Georgia		3,420	NH N. Hampshire		138	VT Vermont		76
IA Iowa		1,603	NJ New Jersey		1,382	WA Washington		890
ID Idaho		408	NM New Mexico		1,047	WI Wisconsin		1,258
IL Illinois		3,872	NS Nova Scotia		8	WV West Virginia		576
KS Kansas		855	NV Nevada		657	WY Wyoming		498
KY Kentucky		1,936	NY New York		1,613	For Official Use Only		
LA Louisiana		1,052	OH Ohio		3,880			
MA Massachusetts		648	OK Oklahoma		1,243	IN Indiana Miles	4,493	
MB Manitoba		8	ON Ontario		189	NR Miles		
MD Maryland		982	OR Oregon		825	Total Fleet Miles		

Section 3

16. Please designate the appropriate year for the mileage reporting period of July 1, _____ through June 30, _____.

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, and I am providing proof of financial responsibility prior to affixing my signature hereto.

I agree Yes No

Signature of Owner or Responsible Officer

Title

Date

Name of Your Insurance Company (not the agency or group)

Policy Number

Insurance Company Telephone Number

Insurance Company Address

Instructions for INIRP-BN

Section 1

Line 1: Enter the applicant name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The IRP Unit will register the applicant in the same name as registered with the Indiana Secretary of State or the Indiana Department of Revenue. If the name as registered with the Indiana Secretary of State or the Indiana Department of Revenue differs from the title or title application name, a Lease Agreement or title change is required.)

Lines 2 through 6: Enter the **FLEET** street address if different from the Indiana business street address on Schedule A.

Lines 7 through 11: Enter the fleet mailing address if different from the applicant mailing address on Schedule A. Each **FLEET** may have an independent mailing address where credentials or other correspondence regarding this **FLEET** are received from the IRP Unit.

Line 12: Enter the Indiana IRP Account Number.

Line 13: Enter the Fleet Number, if applicable.

Line 14: Enter an X in the appropriate box for determining a new account.

Line 15: Enter the Type of Carrier. Check only one.

Section 2

Place an X in the column to the right of the jurisdiction(s) where proportional registration is sought.

The estimated miles for each jurisdiction are based upon the total actual miles traveled by proportionally registered vehicles in the jurisdiction, during the previous mileage reporting period. To use other estimated miles, see Section 3, Line 22.

Section 3

Line 16: Enter the year for the mileage reporting period for which the miles are being reported.

Schedule BN must be signed by the responsible person. Please include the person's job title and the date.

Print or type the full name of your insurance company (not the agency or the group). Enter your policy number and all the additional information requested.

Indiana law requires every motor vehicle registered in the State of Indiana to have proof of financial responsibility.

Proof of financial responsibility includes one of the following:

1. Motor vehicle's insurance policy
2. Self insurance (certificate from BMV required)
3. Indiana Motor Carrier Authority Number (IMCA) (PSCI)
4. \$40,000 in securities or cash deposited with the Treasurer of Indiana

NOTE: If qualified under 2 or 3, place your IMCA number or certificate of self insurance number in the policy number area on the front of this form.

If qualified under 4, place the word "BOND" in the insurance company name area on the front of this form.

Falsification of this information will subject you to a jail term of up to two years, a fine of up to \$10,000, and suspension of your driver's license for a period of up to one year.