



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 (place an X in the column to the right of the jurisdictions where proportional registration is sought.) *NR - Non Reciprocity						Section 3				
Jurisdiction	X	Mileage	Jurisdiction	X	Mileage	Jurisdiction	X	Mileage	16. Please designate the appropriate year for the mileage reporting period of July 1, _____ through June 30, _____.	
AB Alberta		34	*AK Alaska	NR	10	AL Alabama		2,583	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 <input type="checkbox"/> Yes <input type="checkbox"/> 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 _____ Address of Insurance Company	
AR Arkansas		1,512	AZ Arizona		1,493	BC British Col.		17		
CA California		5,459	CO Colorado		1,328	CT Connecticut		463		
DC Wash. D.C.		10	DE Delaware		244	FL Florida		3,368		
GA Georgia		4,207	IA Iowa		1,294	ID Idaho		475		
IL Illinois		4,673	KS Kansas		987	KY Kentucky		2,492		
LA Louisiana		1,480	MA Massachusetts		561	MB Manitoba		10		
MD Maryland		872	ME Maine		111	MI Michigan		2,168		
MN Minnesota		911	MO Missouri		2,067	MS Mississippi		1,623		
MT Montana		355	MX Mexico	NR	10	NB New Bruns		12		
NC N. Carolina		2,861	ND N. Dakota		192	NE Nebraska		762		
NF Newfoundland		10	NH N. Hampshire		93	NT Northwest T.	NR	10		
NJ New Jersey		1,837	NM New Mexico		1,164	NS Nova Scotia		10		
NV Nevada		822	NY New York		2,208	OH Ohio		5,401		
OK Oklahoma		1,573	ON Ontario		211	OR Oregon		1,292		
PA Pennsylvania		4,930	PE Prince Ed. Is.		10	QC Quebec		19		
RI Rhode Island		86	SC S. Carolina		1,869	SD S. Dakota		204		
SK Saskatchewan		15	TN Tennessee		3,388	TX Texas		5,299		
UT Utah		797	VA Virginia		2,470	For Official Use Only				
VT Vermont		79	WA Washington		1,206	IN Indiana Miles		4,976		
WI Wisconsin		1,672	WV West Virginia		633	NR Miles				
WY Wyoming		720	YT Yukon Terr.	NR	10	Total Fleet Miles				

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.