



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	16. Please designate the appropriate year for the mileage reporting period of July 1, _____ through June 30, _____.		
AB Alberta		19	*AK Alaska	NR	10	AL Alabama		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.		
AR Arkansas		1,179	AZ Arizona		1,188	BC British Col.		I agree <input type="checkbox"/> Yes <input type="checkbox"/> No		
CA California		3,231	CO Colorado		779	CT Connecticut		Signature of Owner or Responsible Officer _____		
DC Wash. D.C.		10	DE Delaware		122	FL Florida		Title _____ Date _____		
GA Georgia		2,596	IA Iowa		860	ID Idaho		Name of Your Insurance Company (not the agency or group) _____		
IL Illinois		3,156	KS Kansas		716	KY Kentucky		Policy Number _____ Insurance Company Telephone Number _____		
LA Louisiana		905	MA Massachusetts		422	MB Manitoba		Address of Insurance Company _____		
MD Maryland		593	ME Maine		90	MI Michigan				
MN Minnesota		521	MO Missouri		1,674	MS Mississippi				
MT Montana		260	MX Mexico	NR	10	NB New Bruns				
NC N. Carolina		1,699	ND N. Dakota		126	NE Nebraska				
NF Newfoundland		10	NH N. Hampshire		74	NJ New Jersey				
NM New Mexico		875	NS Nova Scotia		10	NT Northwest T.	NR			
NV Nevada		524	NY New York		1,266	OH Ohio				
OK Oklahoma		1,087	ON Ontario		184	OR Oregon				
PA Pennsylvania		2,904	PE Prince Ed. Is.		10	QC Quebec				
RI Rhode Island		50	SC S. Carolina		1,124	SD S. Dakota				
SK Saskatchewan		10	TN Tennessee		2,195	TX Texas				
UT Utah		630	VA Virginia		1,604	For Official Use Only				
VT Vermont		49	WA Washington		646	IN Indiana Miles				
WI Wisconsin		1,050	WV West Virginia		484	NR Miles				
WY Wyoming		548	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.