



Indiana Department of Revenue  
**International Registration Plan**  
**New Account Schedule BN**

<b>Section 1</b>							
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		10	*AK Alaska	NR	10	AL Alabama		760
AR Arkansas		606	AZ Arizona		711	BC British Col.		10
CA California		1,915	CO Colorado		419	CT Connecticut		240
DC Wash. D.C.		10	DE Delaware		77	FL Florida		1,228
GA Georgia		1,489	HI Hawaii		10	IA Iowa		462
ID Idaho		173	IL Illinois		1,732	KS Kansas		422
KY Kentucky		863	LA Louisiana		446	MA Massachusetts		263
MB Manitoba		10	MD Maryland		421	ME Maine		78
MI Michigan		674	MN Minnesota		291	MO Missouri		963
MS Mississippi		506	MT Montana		128	MX Mexico	NR	10
NB New Bruns		10	NC N. Carolina		1,049	ND N. Dakota		75
NE Nebraska		230	NF Newfoundland		10	NH N. Hampshire		68
NJ New Jersey		603	NM New Mexico		434	NS Nova Scotia		10
NT Northwest T.	NR	10	NV Nevada		302	NY New York		732
OH Ohio		1,711	OK Oklahoma		575	ON Ontario		52
OR Oregon		380	PA Pennsylvania		1,690	PE Prince Ed. Is.		10
QC Quebec		10	RI Rhode Island		73	SC S. Carolina		664
SD S. Dakota		71	SK Saskatchewan		10	TN Tennessee		1,166
TX Texas		2,528	UT Utah		327	VA Virginia		893
VT Vermont		35	WA Washington		356	<b>For Official Use Only</b>		
WI Wisconsin		556	WV West Virginia		262	IN Indiana Miles	1,968	
WY Wyoming		203	YT Yukon Terr.	NR	10	NR Miles		
							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.**