

**Form INIRP-BN**State Form 55550
(R18 / 8-24)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		18	*AK Alaska	NR	10	AL Alabama		1,769
AR Arkansas		1,412	AZ Arizona		1,727	BC British Col.		15
CA California		4,696	CO Colorado		1,017	CT Connecticut		575
DC Wash. D.C.		7	DE Delaware		183	FL Florida		2,897
GA Georgia		3,456	HI Hawaii		10	IA Iowa		1,078
ID Idaho		429	IL Illinois		3,889	KS Kansas		1,009
KY Kentucky		1,942	LA Louisiana		1,053	MA Massachusetts		636
MB Manitoba		9	MD Maryland		990	ME Maine		202
MI Michigan		1,537	MN Minnesota		698	MO Missouri		2,223
MS Mississippi		1,183	MT Montana		339	MX Mexico	NR	10
NB New Bruns		4	NC N. Carolina		2,442	ND N. Dakota		195
NE Nebraska		550	NF Newfoundland		5	NH N. Hampshire		169
NJ New Jersey		1,425	NM New Mexico		1,047	NS Nova Scotia		3
NT Northwest T.	NR	10	NV Nevada		743	NY New York		1,720
OH Ohio		3,848	OK Oklahoma		1,365	ON Ontario		183
OR Oregon		973	PA Pennsylvania		3,920	PE Prince Ed. Is.		4
QC Quebec		29	RI Rhode Island		185	SC S. Carolina		1,557
SD S. Dakota		177	SK Saskatchewan		15	TN Tennessee		2,669
TX Texas		5,913	UT Utah		800	VA Virginia		2,071
VT Vermont		91	WA Washington		910	For Official Use Only		
WI Wisconsin		1,296	WV West Virginia		605	IN Indiana Miles	4,465	
WY Wyoming		496	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.