



PROP-1
State Form 55615
(R7 / 9-24)

Indiana Department of Revenue
Proportional Use Credit Certification Application

Due April 1
Fee \$7

						Complete this section only if different from Lines 1, 3, 5, 6 and 7.							
1. Legal Name						2. Doing Business As (DBA)							
3. Physical Address						4. Mailing Address							
5. City		6. State/Province		7. ZIP Code		8. City		9. State/Province		10. ZIP Code			
11. County			12. Telephone Number			13. Federal Identification Number			14. Social Security Number				
15. DOT Number			16. TID Number			17. Base State/Jurisdiction			18. Email Address				
19. Check the type of organization of this business <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Government <input type="checkbox"/> Other _____													
20. Provide the following information:													
State of Incorporation						State of Commercial Domicile							
Accounting Period Year Ending Date (MM/DD)													
Provide the following information for all owners, partners or officers (attach additional sheets if necessary):													
Last Name, First, Middle Initial			Street Address			City		State		ZIP Code		Social Security Number	

I do hereby certify under penalty of perjury that the foregoing and attached information is a true and correct statement to the best of my knowledge and is a complete and full representation based on the best information available.

21. Signature

Date

Typed or Printed Name

Title

Telephone Number

This application MUST be signed by the owner, general partner, or corporate officer before it will be processed.

For more information regarding this application, you may contact Motor Carrier Services at 317-615-7200. Send the completed application, all relevant documentation and application fees (if needed, include Form MC-CCP, Credit Card Payment Authorization Form), email to: indianamotorfuel@dor.in.gov, fax it to 317-615-7333, or mail to:

**Indiana Department of Revenue
Motor Carrier Services / Fuel Tax Section
7811 Milhouse Road, Suite M
Indianapolis, IN 46241-9612**

Vehicle Information

This section must be completed by all applicants. Attach a printout with the information if you have more than five vehicles.

Vehicle Code	Vehicle VIN	Year	Vehicle Type	Vehicle Make	Gross Weight

Line-by-Line instructions

Line 1. Enter the legal name or sole proprietorship, partnership, corporation or other legal name.

Lines 3, 5, 6, 7, and 11. Enter the actual location of your business by providing the street address, city, state/province, ZIP Code, and county* (*Indiana businesses only).

Lines 2, 4, 8, 9, and 10. Enter the appropriate information ONLY if different from Lines 1, 3, 5, 6, 7, and 11.

Line 12. Enter the area code and telephone number of your principal place of business.

Line 13. Enter your 9 digit federal identification number (EIN).

Line 14. Enter your Social Security number if your business does not have a federal identification number (EIN).

Line 15. Enter your U.S. DOT number.

Line 16. If Indiana carrier, enter TID number.

Line 17. Enter the base state/jurisdiction in which you have your IFTA registered.

Line 18. Enter an email address to use in corresponding with Motor Carrier Services.

Line 19. Check the appropriate business type.

Line 20. Enter the requested information. This form will not be processed if this section incomplete.

Line 21. The taxpayer or an authorized agent must sign and date in the designated area. This form will not be processed if required information is missing or incomplete.

List of Eligible Vehicles

Code

10	Air Conditioning Unit for Buses.....	10%
11	Bookmobile.....	35%
12	Boom Truck-Block Boom	20%
13	Bulk Feed Truck.....	15%
14	Car Carrier with Hydraulic Winch	10%
15	Carpet Cleaning Van	15%
16	Cement Mixer	30%
17	Distribution Truck-Hot Asphalt	10%
18	Dump Trailer	15%
19	Dump Truck	23%
20	Fire Truck.....	48%
21	Leaf Truck.....	20%
22	Lime Spreader	15%
23	Line Truck-Digger/Derrick, Aerial Lift Truck	20%
24	Milk Tank Truck.....	30%
25	Mobile Crane	42%
26	Pneumatic Tank Truck	15%
27	Refrigeration Truck	15%
28	Salt Spreader-Dump with Spreader.....	15%
29	Sanitation Dump Trailers	15%
30	Sanitation Truck.....	41%
31	Seeder Truck	15%
32	Semi Wrecker	35%
33	Service Truck with Jackhammer, Pneumatic Drill ...	15%
34	Sewer Cleaning Truck Sewer Jet, Sewer Vactor ...	35%
35	Snow Plow.....	10%
36	Spray Truck	15%
37	Super Sucker.....	90%
38	Sweeper Truck.....	20%
39	Tank Truck	24%
40	Tank Transport.....	15%
41	Truck with Power Take-off Hydraulic Winch	20%
42	Wrecker	10%
71	Auxiliary Power Unit (APU).....	4%
72	Stone Slinger.....	35%
73	Diesel Particulate Filter.....	1%

Use these code numbers when listing vehicles on this certification, on all claim-for-credit forms and when adding/deleting vehicles quarterly.

Important: Motor carriers must complete this application and be certified by DOR to qualify for a proportional use credit. Carriers must apply to DOR for certification no later than April 1 of the first calendar year for which the proportional use will be claimed. Certifications are valid for all subsequent calendar years.