



**PROP-1**  
State Form 55615  
(R6 / 9-21)

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					

**Note:** If you are registered for IFTA in another jurisdiction, proceed to Line 19; otherwise go to Line 21.

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. Corporations must provide the following information:						
State of Incorporation			State of Commercial Domicile			
Accounting Period Year Ending Date (MM/DD)						
For Corporations- 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](mailto: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 Interstate U.S. DOT number.

**Line 16** - Enter your Indiana 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** - Complete if you are registered for IFTA in another jurisdiction. Check the appropriate business type. If your business is a corporation, also complete Line 20.

**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.**