



PROP-1
State Form 55615
(R4 / 2-16)

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 have IFTA in another jurisdiction, proceed to Line 19. All others 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		Date of Incorporation			State of Commercial Domicile	
Date Authorized to Do Business				Accounting Period Year Ending Date (MM/DD)		
Corporation - List Names of Owner, Partners, or Officers (attach additional sheets if necessary)						
Last Name, First, Middle Initial	Title	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 by the department.

For more information regarding this application, you may contact the department at (317) 615-7345. Mail the completed application, all relevant documentation, and application fees to:

**Indiana Department of Revenue
Motor Carrier Services Division
7811 Milhouse Rd Suite M
Indianapolis, IN 46241-9612**

Vehicle Information

This section must be completed by all applicants. If you have more than 5 vehicles, please attach printout.

Vehicle Code	Vehicle VIN	Year	Vehicle Type	Vehicle Make	Axles	Seats	Fuel	Unladen Weight	Gross Weight	MSRP

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 principle place of business.

Line 13 - Enter your 9 digit federal identification number.

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

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

Line 16 - Enter your TID number.

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

Line 18 - Enter an email address to send/receive correspondence to/from the department.

Line 19 - To be entered by non-Indiana carriers only. Check the appropriate business type here. If a corporation, complete Line 20. All others go to Line 21.

Line 20 - Enter the requested information. This certificate will not be processed without this section completed.

Line 21 - Enter the signature of the taxpayer/authorized agent.

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 Vector.....	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%

Please use the code number when listing the vehicles on this certification and all claim for credit forms. Also use these codes when adding/deleting vehicles quarterly.

Important: A carrier must complete this application and be certified by the department to qualify for a proportional use credit. A carrier must apply to the department for certification before April 1 of the first calendar year for which the proportional use will be claimed.

Note: After the carrier has been certified by the department, that certification is valid for all subsequent calendar years.