

Indiana Department of Revenue

Application for Transportation Network Company (TNC) Permit

Street							
	Address						
City, S	tate, ZIP Code						
Teleph	one Number	County	Email Address				
FEIN							
Princip	Principal Place of Business in Indiana (if other than above):						
(Str	reet Address)	(City)	(State) (ZIP Code)				
(Co	punty)	_					
Check	One: Partnership	☐ Corporation ☐ Individual	Other:				
	icant is a partnership, prov title, and address of each		ch partner; if applicant is a corporation, provide				
Name	Tit	le Addre	ss				
Name	Tit	le Addre	ss				
Name	Tit	le Addre	ss				
lf appli	icant is a corporation, LP o	or LLC, provide the State and the	date of incorporation:				
(Sta	ate)	(Date of Incorporation)	(Total Number of Shares Outstand				
`	,	, ,	`				
Indicat	te the last year your annua	al report was filed with the Indiana	a Secretary of State				
Indicat	te the last year your annua	al report was filed with the Indiana	a Secretary of State ier certificate(s) and/or permit?				
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Indicated Is appled If yes,	te the last year your annualicant now operating unde give number(s):port of this application, app	al report was filed with the Indiana r an Indiana intrastate motor carri	a Secretary of State ier certificate(s) and/or permit?				
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Exhibit D	-	A copy of the TNC's policy requiring TNC drivers to comply with all applicable laws and regulations concerning vehicle equipment for the TNC driver's personal vehicles used to provide prearranged r					
Exhibit E	-	A copy of the TNC's mo TNC drivers' behalf.	otor vehicle insuran	ce requiremen	its for its TNC drivers, and/or for the TNC on the		
Exhibit F	-	A copy of the TNC's fare	e guidelines under	which a TNC ı	may charge a fare for prearranged rides.		
Exhibit G	-	A copy of the TNC's privacy policy protecting the personal identifying information of a TNC rider.					
Exhibit H	-	A copy of the TNC's nor	ndiscrimination and	rimination and accessibility policies that comply with state and federal law.			
Exhibit I	-	A copy of the TNC's rec	cord maintenance ç	nance guidelines.			
Exhibit J	-	If you have contracted with an Indiana motor carrier, common carrier or contract carrier to provide transportation services through your digital network, you are required to obtain a Broker's License. Please provide a \$10,000 Surety Bond issued by a bonding company authorized to do business in the United States in order to concurrently obtain a Broker's License with your TNC Permit.					
WHEREFO	DRE.	applicant asks the Indian	na Department of I	Revenue to iss	ue applicant a TNC Permit.		
DATED TH	IIS _	DAY OF		, 20			
					(Applicant's Signature)		
					(Print Applicant's Name)		
					(Title)		
STATE	OF		.)) SS :				
COUN	TY (DF	.)				
Before persor alleged	me nally d in t	the undersigned, a Notar appeared he foregoing instrument a	ry Public for , and he are true. Signed ar	e being first dul	County, State of ly sworn by me upon his oath, says that the facts day of		
					(Signature) Notary Public		
					(Printed Name)		
County	of F	Residence:	N.	ly Commission	n Expires:		

Instructions for TNC Permit Application

Please read these instructions carefully before completing the application.

The application for a TNC Permit must be typed or legible. The original and one copy of the application must be filed.

Each line of the application must be completed. If a line is not applicable to you or your operation, you should enter "N/A" in the space provided for the answer.

In order for the application to be processed by the Department, you must include a filing fee of \$100 (make checks payable to the Indiana Department of Revenue).

If you have any questions regarding this application, please contact the Department at:

Indiana Department of Revenue Motor Carrier Services Insurance and Safety Unit 7811 Milhouse Road Suite M Indianapolis, Indiana 46241-9612

or call 317-615-7200, Option 3, Option 1