



Indiana Department of Revenue
**Application for Transportation
Network Company (TNC) Permit**

1. Applicant's Name (include DBA, if applicable) _____

2. Street Address _____

3. City, State, ZIP Code _____

4. Telephone Number _____ County _____ Email Address _____

FEIN _____

5. Principal Place of Business in Indiana (if other than above):

(Street Address) (City) (State) (ZIP Code)

(County)

6. Check One: Partnership Corporation Individual Other: _____

7. If applicant is a partnership, provide the name and address of each partner; if applicant is a corporation, provide the name, title, and address of each principal officer:

Name _____ Title _____ Address _____

Name _____ Title _____ Address _____

Name _____ Title _____ Address _____

8. If applicant is a corporation, LP or LLC, provide the State and the date of incorporation:

(State) (Date of Incorporation) (Total Number of Shares Outstanding)

Indicate the last year your annual report was filed with the Indiana Secretary of State _____

9. Is applicant now operating under an Indiana intrastate motor carrier certificate(s) and/or permit? Yes No

If yes, give number(s): _____

10. In support of this application, applicant submits the following exhibits, in writing, attached hereto and made part hereof.

Exhibit A - A certificate from the Secretary of State of Indiana showing applicant is registered to do business in Indiana (if the applicant is a non-resident corporation);

or

A certificate of existence from the Secretary of State of Indiana (if the applicant is an Indiana corporation).

Exhibit B - Copies of all Indiana intrastate certificates or permits reflecting authority granted there in.

Exhibit C - A copy of the TNC's zero-tolerance policy for drug and alcohol use by their TNC drivers.

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