



## APPLICATION FOR FLEET REGISTRATION PROGRAM

State Form 55894 (R3 / 7-24)  
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-18.1-10.

### REGISTRATIONS DEPARTMENT

100 N. Senate Avenue N483  
Indianapolis, IN 46204  
888 692-6841

Email: [Registrations@bmv.in.gov](mailto:Registrations@bmv.in.gov)

#### INSTRUCTIONS:

1. Complete in blue or black ink or print form.
2. To qualify for the fleet registration program, the fleet operator must be an Indiana resident who owns or leases 1,000 or more fleet vehicles. Fleet vehicle means a passenger motor vehicle or a truck with a declared gross weight of not more than 11,000 lb.
3. List each Federal Identification Number (FIN) to which the fleet vehicles will be titled and registered.
4. Indicate all counties the fleet vehicles will be registered in. A vehicle registered in a county not indicated on this application may not be registered as a fleet vehicle.
5. Submit this application and the vehicle spreadsheet to the address or e-mail listed above.

### SECTION 1- APPLICANT INFORMATION

Name of Fleet Operator <i>name fleet vehicles are registered in)</i>				
Business Address <i>number and street)</i>		City	State	ZIP Code
Contact Name	Telephone Number	E-mail Address		
Mailing Address <i>if different from business address</i>		City	State	ZIP Code

### SECTION 2- REGISTRATION INFORMATION

List all Federal Identification Numbers associated to the fleet operator named on this application, including the address and county associated to each FIN listed. Attach additional applications to list additional FINs, if needed.

A FIN not listed on this application will not be considered for fleet vehicle registration.

Federal Identification Number FIN	Street Address <i>number and street)</i>	City, State, and ZIP Code	County
Federal Identification Number FIN	Street Address <i>number and street)</i>	City, State, and ZIP Code	County
Federal Identification Number FIN	Street Address <i>number and street)</i>	City, State, and ZIP Code	County
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Federal Identification Number FIN	Street Address <i>number and street)</i>	City, State, and ZIP Code	County

Check your preferred expiration month: *(Only check one.)*

- |                                    |                                   |                                   |                                   |
|------------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <input type="checkbox"/> January   | <input type="checkbox"/> February | <input type="checkbox"/> March    | <input type="checkbox"/> April    |
| <input type="checkbox"/> May       | <input type="checkbox"/> June     | <input type="checkbox"/> July     | <input type="checkbox"/> August   |
| <input type="checkbox"/> September | <input type="checkbox"/> October  | <input type="checkbox"/> November | <input type="checkbox"/> December |

The Bureau shall decide the day of expiration that is within the approved expiration month. The Bureau also reserves the right to:

- Designate an expiration month that differs from the preferred expiration month requested by the operator.
- Deny this application if it does not contain a preferred expiration month.

The Bureau shall assign a fleet number to the fleet operator. The fleet number will be listed at the bottom of each license plate.

### SECTION 3 – AFFIRMATION AND SIGNATURE

I swear or affirm under the penalty of perjury that the information entered on this form is true and correct. I understand that I will be terminated from the fleet vehicle program if the number of fleet vehicles falls under 1,000.

Signature of Fleet Operator	Printed Name	Date Signed <i>mm/dd/yyyy</i>
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### SECTION 4 - BMV CENTRAL OFFICE USE ONLY

Signature of BMV Representative	Printed Name	Date Signed <i>mm/dd/yyyy</i>
Application Status <input type="checkbox"/> Approved <input type="checkbox"/> Denied	Assigned Fleet Operator Number	Assigned Vehicle Expiration <i>month and day</i>