



Form
OSS-1
 State Form 55968
 (R / 10-24)

Indiana Department of Revenue
 Motor Carrier Services Division
Request to Close Motor Carrier Service Account(s)

Name: _____
 Address: _____
 City: _____
 State: _____ ZIP Code: _____

FEIN/SSN: _____
 Indiana Tax Identification Number (TID): _____

You are requesting to close one, or all, of your Motor Carrier Services Accounts listed below that are registered with the Federal Employer Identification Number (or Social Security Number) shown above.

In order for our office to close your Motor Carrier Services Account(s) you are required to return any credentials, licenses, plates, decals, or permits that have been issued to you. Failure to return the requested items indicated below will result in additional filing requirements, penalties, and fees. Return all items indicated with this letter.

Please mark the appropriate boxes listed below and provide the account number for each Motor Carrier Services account that you want to close.

Motor Carrier Fuel Tax (MCFT)/Interstate Fuel Tax Account (IFTA) TID: _____
If you are requesting closure of your MCFT/IFTA account, you will need to return all assigned decals (used and unused) and Fuel Tax Licenses with this form. Failure to return decals will require you to file quarterly tax returns until the end of the credential periods including the 4th quarter return due by January 31.

International Registration Plan Account Number (IRP): _____
If you are requesting closure of your IRP account, you will need to return all apportioned license plates with this form.

Indiana Base Plate Registration Account Number (BPR): _____
If you are requesting closure of your BPR account, you will need to return all Indiana Base Plates with this form.

Oversize/Overweight (OS/OW)

Intrastate/Interstate US DOT Number: _____

- Are you closing your business? Yes
 No, check which box below applies:
- Trucks GVWR 26,000 pounds or under, excluding (For Hire/Exempt /Private HAZMAT)
 - Operation Change – Interstate to Intrastate
 - Registrant Only (Leasing on to other Carrier with Operating Authority)
 - Name Change

Please sign below and enclose any items that have been requested. Return this in the self-addressed envelope within the next ten business days.

Under penalties of perjury, I declare that I have examined this document and to the best of my knowledge and belief, it is true, correct, and complete and that I wish to close the above mentioned Motor Carrier Services Accounts as indicated.

Signature: _____ Date: _____

Typed or Printed Name: _____ Title _____

If you have questions, please contact the department.
 Indiana Department of Revenue
 Motor Carrier Services Division
 7811 Milhouse Road, Suite M
 Indianapolis IN 46241
 Phone: 317-615-7200