



Indiana Department of Revenue
**Intrastate Operating Authority Carrier
Application Support Statement**

*Submit only to the Indiana
Department of Revenue.*

***If the field is not complete, this form will be returned to the sender.**

1. Applicant Entity*

Legal Name

2. Supporting Witness*

Name		
City	State	Phone Number

3. Provided Services*

I _____, affirm that I need the transportation services provided by the
above-mentioned entity _____ times per week month.

4. Acknowledgement and Signature*

I acknowledge that by signing this form my name, city, and state as well as reason for services provided by the entity could be disclosed by the Indiana Department of Revenue ("the Department") in necessary circumstances such as, part of Indiana Access to Public Records ("APRA") request, or court order. Further, I acknowledge that my name, city, and state will be published on the Department's order(s) granting operating authority for the entity in which I am submitting this support statement.

Signature* _____

Date* _____

Printed Name* _____

5. Security Notice

The Department's Motor Carrier Services ("MCS") Division adheres to confidentiality protocols to maintain the security of all sensitive and confidential information received.

Direct your questions to Motor Carrier Services at 317-615-7200 choose option 3, then option 1.

Mail This Form To
Indiana Department of Revenue
Motor Carrier Services
P.O. Box 6075
Indianapolis, IN 46206-6075

Overnight Or Express Mail
Indiana Department of Revenue
Motor Carrier Services
7811 Millhouse Road, Suite M
Indianapolis, IN 46241-9612