



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
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**2. Supporting Witness\***

Name	
City	State

**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