



IOAP-SUP
State Form 57381
(R2 / 6-25)

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

*Submit only to the Indiana
Department of Revenue.*

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

Section A: Applicant Entity

1. Legal Name

Section B: Supporting Witness Information

2. Name		
3. City	4. State	5. Phone Number

Section C: Provided Services

6. I, the supporting witness, need transportation provided (select one): <input type="checkbox"/> A. Weekly <input type="checkbox"/> B. Monthly	7. Number of times services are needed per week/month
--	---

Section D: 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. I affirm that I am not a relative of the applicant, as defined by Indiana Code § 2-2.2-1-17.

8. Signature: _____

9. Date: _____

10. Printed Name: _____

Section E: 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

Instructions for Completing Form IOAP-SUP

Section A: Applicant Entity

Line 1. Enter the legal name of the business entity (i.e. corporation, partnership, or LLC, LLP or individual) which owns/controls the operation.

Section B: Supporting Witness Information

Line 2. Enter the full name of the supporting witness.

Line 3. Enter the city where the supporting witness resides.

Line 4. Enter the state where the supporting witness resides.

Line 5. Enter the telephone number, including the area code, of the supporting witness.

Section C: Provided Services

Line 6. Check the appropriate time period, week or month, that transportation is needed.

Line 7. Enter the number of times the supporting witness needs transported by the applicant.

Section D: Acknowledgment and Signature

Line 8. Sign the supporting witness's name.

Line 9. Enter today's date.

Line 10. Print the supporting witness's name.