



**If any field in Section 1 and Section 2 is not complete, this form will be returned to the sender.**

**Section 1: Applicant Entity**

Full Legal Name

**Section 2: Acknowledgement and Signature**

I acknowledge that by signing the IOA-T form:

- The Indiana Department of Revenue ("the Department") regulates and supervises the tariffs, schedules, service, safety, methods, and hours of operation of every carrier subject to the provisions of IC 8-2.1-22.
- The applicant entity has reviewed the code provisions covering tariff and schedule publications for motor carriers in IC 8-2.1-22, and the attached submission conforms to those provisions and to the form and content requirements promulgated in 45 IAC 16.
- The Department, at its discretion, may reject any tariff or schedule filed or published pursuant to IC 8-2.1-22 that does not comply with its provisions or the regulations in 45 IAC 16, and for reasons deemed sufficient, direct the applicant to re-file or re-issue publication. If rejected, the publication is void and thereof may subject the carrier's operating authority to amendment, suspension, or revocation pursuant to Indiana Code.

**Note.** This form may be subject to public disclosure by the Department in necessary circumstances such as, part of an Indiana Access to Public Records ("APRA") request, or court order.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

**Section 3: Attorney Information**

Complete if this form was prepared by an attorney.

Signature of Attorney

Printed Name of Attorney

Address

Attorney Number

Telephone Number

Email Address

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