



Form IOA-1
State Form 46918
(R14 / 7-25)

Indiana Department of Revenue
Intrastate Operating Authority
for Calendar Year _____

For Department Use Only

All motor carriers are required to obtain and/or renew a USDOT Number or Indiana ID number.
Read the instructions before continuing.

- ☐ Renewal (Due November 30th)
☐ New Applicant
☐ Information Change

Section A: Motor Carrier Information

1. Legal Name			2. Doing Business As (DBA) Name		
3. Physical Street Address			4. Mailing Address (If different from street address)		
5. City	6. State/Province	7. ZIP Code	8. City	9. State/Province	10. ZIP Code
11. County	12. Principal Phone No.	13. Mobile Phone No.	14. Fax Number	15. County	
16. TID Number		17. FEIN/SSN		18. USDOT/Indiana ID Number	
				19. FMCSA/MC Number	
20. Email Address					

Section B: Type of Motor Carrier Operation

21. Carrier Operation (Check all that apply) A. <input type="checkbox"/> Intrastate (Hazardous Materials) B. <input type="checkbox"/> Intrastate (Non-Hazardous Materials)			
22. Shipper of Hazardous Materials operation (Check one) A. <input type="checkbox"/> Intrastate (Traveling within Indiana only)		23. Carrier Mileage (To nearest 10,000 miles for last calendar year)	
24. Operation Classification (Check all that apply) A. <input type="checkbox"/> Authorized For-Hire (Hauling someone else's product/passengers in your vehicle) B. <input type="checkbox"/> Exempt For-Hire (Hauling someone else's exempt product in your vehicle. This applies to only J, O, P, S, T & AA (As listed below) C. <input type="checkbox"/> Private (Property) (Hauling your own product in your vehicle) D. <input type="checkbox"/> Private Passengers (Business) (touring bands, etc.) E. <input type="checkbox"/> Private Passengers (Non-Profit) (church buses, etc.) F. <input type="checkbox"/> Broker Intrastate Passenger			
25. Cargo Classifications (Please check all that apply.) A. <input type="checkbox"/> General Freight I. <input type="checkbox"/> Machinery, Large Objects Q. <input type="checkbox"/> Coal/Coke Y. <input type="checkbox"/> Paper Products B. <input type="checkbox"/> Household Goods J. <input type="checkbox"/> Fresh Produce R. <input type="checkbox"/> Meat Z. <input type="checkbox"/> Utility C. <input type="checkbox"/> Metal, Sheets, Coils, Rolls K. <input type="checkbox"/> Liquids/Gases S. <input type="checkbox"/> Garbage, Refuse, Trash D. <input type="checkbox"/> Motor Vehicles L. <input type="checkbox"/> Intermodal Cont. T. <input type="checkbox"/> U.S. Mail AA. <input type="checkbox"/> Farm Supplies E. <input type="checkbox"/> Driveaway/Towaway M. <input type="checkbox"/> Passengers U. <input type="checkbox"/> Chemicals BB. <input type="checkbox"/> Construction F. <input type="checkbox"/> Logs, Poles, Beams, Lumber N. <input type="checkbox"/> Oilfield Equipment V. <input type="checkbox"/> Commodities Dry Bulk CC. <input type="checkbox"/> Water Well G. <input type="checkbox"/> Building Materials O. <input type="checkbox"/> Livestock W. <input type="checkbox"/> Refrigerated Food DD. <input type="checkbox"/> Other _____ H. <input type="checkbox"/> Mobile Homes P. <input type="checkbox"/> Grain, Feed, Hay X. <input type="checkbox"/> Beverages			

26. Hazardous Materials Carried or Shipped (Please Circle All That Apply) C (Carried); S (Shipped); B (Bulk-In Cargo Tanks); NB (Non-Bulk-In Packages).
(Divisions that are in bold require \$5,000,000 in insurance.)

C S A. Div.	1.1 B NB (Explosives)	C S V. Div.	6.1A B NB (Poison Liquid which is (PIH) Zone A)
C S B. Div.	1.2 B NB (Explosives)	C S W. Div.	6.1B B NB (Poison Liquid which is (PIH) Zone B)
C S C. Div.	1.3 B NB (Explosives)	C S X. Div.	6.1 B NB (Poison Liquid with no inhalation hazard)
C S D. Div.	1.4 B NB (Explosives)	C S Y. Div.	6.1 B NB (Solid-Poison Solids)
C S E. Div.	1.5 B NB (Blasting Agents D)	C S Z. Div.	6.2 B NB (Infec. Substance)
C S F. Div.	1.6 B NB (Explosives N)	C S AA. Div.	6.2 (Select Agcncts & Toxins)
C S G. Div.	2.1 B NB (Flammable Gas)	C S BB. Class	7 B NB (Radioactive)
C S H. Div.	2.1 B NB (LPG)	C S CC. HRCQ	B NB (Highway Route Controlled Quantity of Radioactive Material)
C S I. Div.	2.1 B NB (Methane)	C S DD. Class	8 B NB (Corrosive Liquids)
C S J. Div.	2.2 B NB (Oxygen & Non Flammable Gas)	C S EE. Class	8A B NB (Corrosive Liquids which is (PIH) Zone A)
C S K. Div.	2.3A B NB (Poison Gas which is Poison Inhalation Hazard (PIH) Zone A)	C S FF. Class	8B B NB (Corrosive Liquids which is (PIH) Zone B)
C S L. Div.	2.3B B NB (Poison Gas which is (PIH) Zone B)	C S GG. Class	9 B NB (Miscellaneous)
C S M. Div.	2.3C B NB (Poison Gas which is (PIH) Zone C)	C S HH. Elevated Temp Mat	B NB
C S N. Div.	2.3D B NB (Poison Gas which is (PIH) Zone D)	C S II. Infectious Waste	B NB
C S O. Class	3 B NB (Flammable Liquids)	C S JJ. Marine Pollutants	B NB
C S P. Combustible Liquid	B NB	C S KK. Hazardous Sub (RQ)	B NB
C S Q. Div.	4.1 B NB (Flammable Solid)	C S LL. Hazardous Waste	B NB
C S R. Div.	4.2 B NB (Spontaneously Combustible)	C S MM. Ltd. Qty.	B NB
C S S. Div.	4.3 B NB (Dangerous)		
C S T. Div.	5.1 B NB (Oxidizer)		
C S U. Div.	5.2 B NB (Organic Peroxide)		

27. Equipment	Straight Trucks	Truck Tractors	Trailers	HazMat Cargo Tank Trucks	HazMat Cargo Tank Trailers	Number of Passengers (including the driver)											
						Motor Coaches	School Buses			Mini-bus	Vans / Cars		Limousines				
							1-8	9-15	16+		16+	1-8	9-15	1-8	9-15	16+	
Owned																	
Term Leased																	
Trip Leased																	
28A. Driver Information						Intrastate				Total CDL Drivers							
Within 100-Mile Radius																	
Beyond 100-Mile Radius																	
28B. What is the Gross Vehicle Weight Rating on your vehicles? (Check all that apply)																	
<input type="checkbox"/> GVWR 26,001 - Over <input type="checkbox"/> GVWR 17,001 to 26,000 <input type="checkbox"/> GVWR 10,001 to 17,000 <input type="checkbox"/> GVWR Under 10,000																	

Section C: Business Type			
29. Business Entity Type			
<input type="checkbox"/> Corporation	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole-Proprietorship

30. Proof of Public Liability Security (check one)		Intrastate For-Hire carriers and/or Private Hazardous Materials carriers must file a Form E Indiana insurance filing.
Policy Number	Effective Date	Insurance Company Name

- A. ☐ The applicant is a private carrier of non-hazardous materials or a private carrier of passengers and is not required to file proof of insurance with this form.
- B. ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with 49 CFR Part 1043 for transportation of non-hazardous materials with the minimum amount of \$300,000 coverage for operating only vehicles having a Gross Vehicle Weight Rating (GVWR) of 10,000 pounds or less.
- C. ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with 49 CFR Part 1043 for transportation of non-hazardous materials with the minimum amount of \$750,000 coverage.
- D. ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with 49 CFR Part 1043 for transportation of hazardous materials with the minimum amount of \$1,000,000 coverage.
- E. ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with 49 CFR Part 1043 for transportation of hazardous materials with the minimum amount of \$5,000,000 coverage.
- F. ☐ The applicant has an approved self-insurance plan or other security in full force and effect and the carrier is in full compliance with the conditions imposed by the order. A copy of the self-insurance order is attached or has previously been filed with the registration state.
- G. ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with 49 CFR Part 1043 for transportation of passengers using only vehicles with seating capacity of fewer than 16 passengers with the minimum amount of \$1,500,000 coverage.
- H. ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with 49 CFR Part 1043 for transportation of passengers using vehicles with seating capacity greater than 15 passengers with the minimum amount of \$5,000,000 coverage.
- I. ☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with IC 8-2.1-22-46 for contract carriers transporting railroad employees with the minimum amount of \$5,000,000 coverage.

31. **Certification Statement** (To be completed by an authorized official.) I certify that I am familiar with the Federal Motor Carrier Safety Regulations and or the Federal Hazardous Materials Regulations as adopted by Indiana law. Under penalties of perjury, I declare that the information entered on this report is, to the best of my knowledge and belief, true, correct, and complete.

Authorized Signature: _____ Date: _____

Printed Name: _____ Title: _____

Renew or update online at www.in.gov/dor/motor-carrier-services.

Direct your questions to Motor Carrier Services at 317-615-7200.

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 Milhouse Road, Suite M
Indianapolis, IN 46241-9612

Instructions for Completing Form IOA-1

Items 1 through 28A of this form were designed to mirror the federal form MCS-150.

Section A: Motor Carrier Information

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

Line 2. If the business entity is operating under a name other than that on Line 1, (i.e., "DBA name") enter that name. Otherwise, leave this line blank.

Line 3. Enter the place of business street address (where all safety records are maintained). Note: A P.O. Box is not acceptable here.

Line 4. Enter the mailing address if it is different from the physical address listed on Line 3. If the mailing address is the same as Line 3, leave this area blank.

Line 5. Enter the city where the place of business is located.

Line 6. Enter the two-letter postal abbreviation for the State, or the name of the Canadian Province, in which the place of business is located.

Line 7. Enter the ZIP code number corresponding with the street address.

Line 11. Enter the name of the county in which the place of business is located.

Line 12. Enter the telephone number, including the area code, of the place of business.

Line 13. Enter the telephone number, including the area code.

Line 17. Enter Federal Employer Identification Number (FEIN) assigned to your motor carrier operation by the Internal Revenue Service. (Partnerships must have a FEIN Number.)

Line 18. Enter US DOT Number or Indiana ID number.

Line 19. Enter the motor carrier "MC" number under which the Federal Motor Carrier Safety Administration (FMCSA) issued operating authority, if applicable. Otherwise enter "N/A."

Line 20. Enter Email address.

Section B: Type of Motor Carrier Operation

All carriers must complete this section for the current year of registration, even if you already have a US DOT number. This will ensure that your registration information is as current as possible.

Line 21. Check the appropriate type of **carrier** operation:

- **A - Intrastate hazardous materials:** Transportation of hazardous materials wholly within one state. (49 CFR 100-180)

- **B - Intrastate, non-hazardous materials:** Transportation of persons or property wholly within one State.

Line 22. Check the **shipper** operation, if applicable.

Line 23. Enter the carrier's total mileage to the nearest 10,000 miles for the past calendar year and the year of the mileage.

Line 24. Check the appropriate classification. Check all that apply:

- **A - Authorized for hire:** Transportation for compensation as a common or contract carrier of property, owned by others, or passengers under the provisions of the MC/FMCSA.
- **B - Exempt for hire:** Transportation for compensation of exempt commodities exempt from the economic regulation by the MC/FMCSA.
- **C - Private (property):** A person who provides transportation of property by commercial motor vehicle and is not a for hire motor carrier (hauling your own product in your vehicle).
- **D - Private Passengers (Business):** a private motor carrier engaged in the interstate or intrastate transportation of passengers which is provided in the furtherance of a commercial enterprise and is not available to the public at large (e.g., touring bands).
- **E - Private Passengers (Non-Profit):** a private motor carrier involved in the interstate or intrastate transportation of passengers that does not otherwise meet the definition of a private motor carrier of passengers (e.g., church buses).
- **F - Broker (Intrastate Passengers):** A person who, for compensation, arranges or offers to arrange the transportation of passengers by an authorized motor carrier. Motor carriers, or persons who are employees or bona fide agents of a carrier, are not brokers within the meaning of this section when they arrange or offer to arrange the transportation shipments which they are authorized to transport and which they have accepted and legally bound themselves to transport.

Line 25. Check all types of cargo classifications that you usually transport. If "DD Other" is checked, enter the name of the commodity in the space provided.

Line 26. Circle all types of hazardous material (HM) you carry/ship.

In the columns **before** the HM types, either circle C for carrier of HM, or S for a shipper of HM.

In the columns **following** the HM types, either circle B if the HM is transported in bulk (over 119 gallons) or NB if the HM is transported in non-bulk (119 gallons or less). The HM types correspond to the classes and divisions listed in 49 CFR 173.2.

Note. Information on Poison Inhalation Hazards is found in column (7) of the hazardous materials table (49 CFR 172.101).

Line 27. Enter the total number of vehicles owned, term leased or trip leased, that are, or can be, operational the day this form is completed.

Motor Coach. A vehicle designed for long distance transportation of passengers, usually equipped with storage racks above the seats and a baggage hold beneath the passenger compartment.

School Bus. A vehicle designed and/or equipped mainly to carry primary and secondary students to and from school, usually built on a medium or large truck chassis.

Mini-bus. A motor vehicle designed or used to transport 16 or more passengers, including the driver, and typically built on a small truck chassis. A mini-bus has a smaller seating capacity than a motor coach.

Van / Car. A small motor vehicle designed or used to transport 15 or fewer passengers including the driver.

Limousine. A passenger vehicle usually built on a lengthened automobile chassis.

Line 28A. Enter the number of intrastate drivers used on an average work day. Part-time, casual, term leased, trip leased and company drivers are to be included. Also, enter the total number of drivers, and the total number of those drivers who have a Commercial Drivers License (CDL).

Section C: Business Type

Line 29. Check the type of business organization.

Line 30 - Proof of Public Liability Security. Enter insurance company's name and policy number and the effective date. Check the box that reflects required insurance status. It is illegal for any motor carrier to operate a vehicle in Indiana without the proper insurance. If this is a renewal application no insurance filing is required.

Line 31. This form must be signed by an individual authorized to sign documents on behalf of the entity listed on Line 1. Print or type the name, in the space provided, of the authorized individual signing this return. That individual must sign, date, and show his or her title in the spaces provided. (Certification Statement, see 49 CFR 385.21 and 385.23).

Renew online at www.in.gov/dor/motor-carrier-services.

Before you seal the envelope...

- Sign the forms!

Direct your questions to Motor Carrier Services at 317-615-7200.

Mail this return to:

**Indiana Department of Revenue
Motor Carrier Services
Insurance & Safety Section
P.O. Box 6075
Indianapolis, IN 46206-6075**

Overnight or express mail:

**Indiana Department of Revenue
Motor Carrier Services
Insurance & Safety Section
7811 Milhouse Road, Suite M
Indianapolis, IN 46241-9612**

For Additional Information or Assistance:

Interstate/Intrastate Motor Carrier Service	Telephone Numbers	Fax Numbers
IRP	317-615-7200	317-615-7280
IFTA/MCFT	317-615-7200	317-615-7333
USDOT/UCR	317-615-7200	317-615-7374
Indiana Operating Authority	317-615-7200	317-615-7374
Oversize/Overweight Vehicle Permitting	317-615-7200	317-615-7241

Indiana Department of Revenue

Motor Carrier Services Division
7811 Milhouse Road, Suite M
Indianapolis, IN 46241-9612
317-615-7200
Website: www.in.gov/dor/motor-carrier-services
Email: indianasafety@dor.in.gov

Indiana State Police

Commercial Vehicle Enforcement Division
7811 Milhouse Road, Suite S
Indianapolis, IN 46241-9612
317-615-7373
1-800-523-2226
Fax: 317-237-2114
Website: www.in.gov/isp

Federal Office of Motor Carriers

(Federal Dept. of Transportation)
575 N. Pennsylvania, Suite 261
Indianapolis, IN 46204
317-226-5657
Fax: 317-226-5006
Website: <https://safer.fmcsa.dot.gov>
www.fmcsa.dot.gov