Name of Company	US DOT Number
Address *pwo dgt 'cpf 'int ggv+	
City, State, and ZIP	
Daytime Telephone Number	Contact Person
The undersigned company owner or responsible officer submit Response Unit (IVR) system. The purpose of using the IVR of Transportation (DOT) physical examination form.	
I also understand that I am making this application with the agreement that an authorization number will be assigned for the sole use of this company to use to check on this company's driver's DOT physicals.	
Under penalties of perjury, I declare that I have examined thand belief, it is true, correct, and complete.	is document and to the best of my knowledge
Signature of Owner or Responsible Officer	Date *o qpvj . 'f c{ . ''[gct +
Typed or Printed Name	Title

Return this application to:

Indiana Bureau of Motor Vehicles 100 N. Senate Ave. N481 Indianapolis, IN 46204