



Indiana Department of Revenue
Application for Emergency or Temporary Authority
To Transport Passenger or Household Goods

Application for _____ authority prior to
(Common or Contract) (Emergency Temporary or Temporary)
permanent authorization by the Indiana Department of Revenue (DOR).

1. Applicant Carrier's Name (include DBA, if applicable) _____

2. Street Address _____

3. City, State, ZIP Code _____

4. Telephone Number _____ County _____ Email Address _____

5. Principal Place of Business in Indiana (if different):

(Street Address) (City) (State) (ZIP Code)

(County)

6. Check One: Partnership Corporation Individual Other: _____

7. If applicant is a partnership, provide the name and address of each member thereof; if applicant is a corporation, provide the name, title and address of each principal officer:

Name _____ Title _____ Address _____

Name _____ Title _____ Address _____

Name _____ Title _____ Address _____

8. If applicant is a corporation, LP or LLC, provide the state and the date of incorporation:

(State) (Date of Incorporation) (Total Number of Shares Outstanding)

Indicate the last year your annual report was filed with the Indiana Secretary of State _____

9. List the names of each shareholder and the number of shares held by each:

Name	Number of Shares

10. List all other motor carrier companies which hold Indiana intrastate operating authority in which each shareholder has an interest along with the number of shares held:

Motor Carrier Company	Certificate or Permit No.	Shareholder	Number of Shares

11. Is applicant currently in bankruptcy? Yes No

Has applicant ever filed for bankruptcy? Yes No

If yes, indicate cause number, date of filing and in what court filed: _____

12. Has any shareholder, partner or owner of applicant ever been a shareholder, partner or owner of a motor carrier that has filed bankruptcy?

Yes No If yes, complete the following:

Name of Shareholder, Partner or Owner	Motor Carrier	Date of Bankruptcy Petition	Cause Number of Bankruptcy Petition	Court Filed

Did any motor carrier listed above hold Indiana intrastate operating authority? Yes No

If yes, indicate certificate or permit number: _____

What was the disposition of the certificate or permit resulting from the bankruptcy?

Did that motor carrier list the State of Indiana as a creditor? Yes No

If yes, list what debt was owed and whether the debt was discharged or paid pursuant to a reorganization.

13. If an application for permanent authority has previously been filed for the same operations described in question 14 below, provide the docket number of the application and the date the application was filed:

Docket Number: _____

Date Filed: _____

14. I hereby apply for a _____ to operate commercial motor vehicles as a _____
(Certificate or Permit) (Common or Contract)
carrier of _____ in intrastate commerce.
(Passenger or Household Goods)

If transporting passengers, choose one of the following options (check boxes):

- Transportation of passengers in vehicles designed or used to transport eight (8) passengers or less, including the driver between points in Indiana.
- Transportation of passengers in vehicles designed or used to transport fifteen (15) passengers or less, including the driver between points in Indiana.
- Transportation of passengers in vehicles designed or used to transport sixteen (16) passengers or more, including the driver between points in Indiana.

15. If this application is for a permit, complete the following regarding contracting shipper:

Name _____

Address _____

Type(s) of Household Goods or Passengers to be Transported: _____

Name _____

Address _____

Type(s) of Household Goods or Passengers to be Transported: _____

16. Is applicant now operating under an Indiana intrastate certificate(s) or permit? Yes No

If yes, provide number(s): _____

17. In support of this application, applicant submits the following exhibits, attached hereto and made part hereof.

Exhibit A - A statement describing applicant's financial status, including a brief statement of assets and liabilities as of the date of application, and a copy of applicant's most recent balance sheet and income statement.

Exhibit B - A certificate from the Office of the Secretary of State of Indiana showing applicant is registered to do business in Indiana (if the applicant is a non-resident corporation);

or

A certificate of existence from the Office of the Secretary of State of Indiana (if the applicant is an Indiana corporation).

Exhibit C - If applicant is currently in bankruptcy, a copy of the bankruptcy petition.

Exhibit D - Copies of all Indiana intrastate certificates or permits reflecting authority granted therein.

WHEREFORE, applicant asks the Indiana Department of Revenue to authorize applicant to operate commercial motor over the public highways of the state as set forth herein.

DATED THIS _____ DAY OF _____, 20_____.

(Applicant's Signature)

(Print Applicant's Name)

(Title)

(Signature of Attorney)

(Print Name of Attorney)

(Address)

(Telephone Number)

(Email Address)

STATE OF _____)
) **SS:**
COUNTY OF _____)

Before me the undersigned, a Notary Public for _____ County, State of _____, personally appeared _____, and they being first duly sworn by me upon their oath, says that the facts alleged in the foregoing instrument are true. Signed and sealed this _____ day of _____, 20_____.

(Signature) Notary Public

(Printed Name)

County of Residence: _____ My Commission Expires: _____

Instructions for Application of Common or Contract Emergency Temporary Authority or Temporary Authority to Transport Passenger Household Goods

Please read these instructions carefully before completing the application.

Definitions:	Common Carrier	-	A person holding itself out to the general public to provide motor vehicle transportation for compensation.
	Contract Carrier	-	A person, providing motor vehicle transportation for compensation under continuing contract(s) for named shipper(s).
	Certificate	-	The document issued by the DOR to a Common Carrier.
	Permit	-	The document issued by the DOR to a Contract Carrier.

The application for emergency temporary or temporary authority **must be typewritten or legible**.

Each line of the application must be completed. If a line is not applicable to you or your operation, you should leave blank.

All incomplete applications for passenger and household goods will be returned. If there are any issues once we receive the complete application, we will return the application for corrections. Once corrections have been made, return the entire completed and corrected application. You must schedule an appointment if you would like to visit our walk-in customer service center to set up your account.

IC 8-2.1-22-13, DOR shall hold a public hearing before issuing a certificate or permit. Detailed information will be sent by mail. If no protests are filed regarding the application, the hearing will be summary in nature as provided in 45 IAC 16-1.5-12(c). Any person may appear at said hearing and represent their own interest. If a person or entity is represented by an attorney, that attorney must be authorized to practice before the Indiana Department of Revenue.

For DOR to process the application, you **must** include the following:

- A filing fee of \$100; make checks payable to the Indiana Department of Revenue;
- A copy of the tariff (if you are seeking authority to operate as a common carrier); or
- A copy of the schedule of minimum rates and a copy of each proposed signed contract, or a copy of the signed contract with rates attached (if you are seeking authority to operate as a contract carrier);
- Proof of insurance as required by IC 8-2.1-22-46 and 45 IAC 16-1-2. Your insurance company must file Indiana Form E, Pre-Acquisition Notification with DOR;
- A certificate from the Indiana Secretary of State Office showing that you are registered to do business in Indiana (if your company is a non-resident corporation); or
- A certificate of existence from the Indiana Secretary of State Office (if your company is an Indiana corporation); and
- Affidavits from members of the shipping public which establish that an emergency and/or immediate need exists for the proposed service.
- A statement describing applicant's financial status, including a brief statement of assets and liabilities as of the date of application, and a copy of applicant's most recent balance sheet and income statement.

If you have any questions regarding this application, please contact Motor Carrier Services at 317-615-7200, Monday through Friday, 8 a.m. – 4:30 p.m. EST.

Indiana Department of Revenue
Motor Carrier Services / Insurance and Safety
7811 Milhouse Road, Suite M
Indianapolis, Indiana 46241-9612