



**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.

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 other than above):  
 \_\_\_\_\_  
(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 name of each shareholder and the number of shares held by each shareholder:

Name	Number of Shares

10. List all other motor carrier companies which hold Indiana Intrastate Authority in which each shareholder has an interest; indicate the number of shares held by that shareholder:

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 which 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 In

Did any motor carrier listed above hold Indiana Intrastate Authority?  Yes  No

If yes, indicate certificate or permit number: \_\_\_\_\_

What was the disposition of the certificate or permit as a result of the bankruptcy?

\_\_\_\_\_  
 \_\_\_\_\_

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

If yes, state 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 motor vehicles as a \_\_\_\_\_  
(Certificate or Permit) (Common or Contract)  
carrier of \_\_\_\_\_ in intrastate commerce.  
(Passenger or Household Goods)

\_\_\_\_\_  
(Type(s) of Household Goods or Passengers to be Transported)

\_\_\_\_\_  
(Territorial Scope in which Household Goods or Passengers will be Transported)

Restrictions: \_\_\_\_\_  
\_\_\_\_\_

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) and/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 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 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 motor vehicles 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 \_\_\_\_\_ )

\_\_\_\_\_ )

COUNTY OF \_\_\_\_\_ ) **SS:**

Before me the undersigned, a Notary Public for \_\_\_\_\_ County, State of \_\_\_\_\_, personally appeared \_\_\_\_\_, and he being first duly sworn by me upon his 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

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 Department to a Common Carrier.
	Permit	-	The document issued by the Department to a Contract Carrier.

The application for emergency temporary or temporary authority **must be typewritten or legible**. The original and one copy of the application must be filed.

Each line of the application must be completed. If a line is not applicable to you or your operation, you should enter "N/A" in the space provided for the answer.

45 IAC 16-1.5-3 Any person may appear and represent his or her own interest before the commission. The interest of another person or entity shall be represented only by an attorney authorized to practice before the commission, pursuant to this section.

In order for the application to be processed by the Department, you **must** include the following with your application:

1. A filing fee of \$100; make checks payable to the Indiana Department of Revenue;
2. Two copies of a tariff (if you are seeking authority to operate as a common carrier); or  
  
Two copies of a 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);
3. Proof of insurance as required by IC 8-2.1-22-46 and 45 IAC 16-1-2. Your insurance company must file a Form E with the Indiana Department of Revenue which indicates the amount of coverage.
4. A certificate from the Secretary of State of Indiana 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 Secretary of State of Indiana (if your company is an Indiana corporation); and
5. Affidavits from members of the shipping public which establish that an emergency and/or immediate need exists for the proposed service.
6. 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 the Department at:

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

or call (317) 615-7350