



Joint Application for Emergency or Temporary Authority To Transport Passenger or Household Goods

Joint application of the Indiana Department of Revenue for _____
(Emergency Temporary or Temporary)
authority pending the sale and transfer of _____
(Certificate or Permit Number)

1. Purchaser Information

a. Purchaser's Name (include DBA, if applicable)

b. Street Address _____

c. City, State, ZIP Code _____

d. Telephone Number _____ County _____ Email Address _____

e. Principal Place of Business in Indiana (if other than above):

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

_____ (County)

f. Check One: Partnership Corporation Individual Other: _____

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

Name _____ Title _____ Address _____

Name _____ Title _____ Address _____

h. Name _____ Title _____ Address _____

i. If purchaser is a corporation, LP or LLC, provide the State and the date of incorporation.

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

Last year annual report was filed with Indiana Secretary of State _____

j. List the name of each shareholder and the number of shares held by each shareholder:

Name	Number of Shares

k. List all other motor carrier companies which hold Indiana Intrastate Authority in which each shareholder has an interest. Provide the Indiana intrastate certificate or permit numbers held by these companies.

Motor Carrier Company	Certificate or Permit Number

l. If currently operating under an Indiana certificate or permit, provide the number:

Certificate Number _____ Permit Number _____

2. Seller Information

a. Seller's Name _____

b. Street Address _____

c. City, State, ZIP Code _____

d. Telephone Number _____ County _____

e. Principal Place of Business in Indiana (if other than above):

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

_____ (County)

f. Check One: Partnership Corporation Individual

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

Name _____ Title _____ Address _____

Name _____ Title _____ Address _____

Name _____ Title _____ Address _____

h. If seller is a corporation, provide the State and the date of incorporation.

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

Last year annual report was filed with Indiana Secretary of State: _____

i. List all Indiana Intrastate Authority certificate or permit numbers which the seller will be retaining. (Attach Copies)

j. Is the seller currently in bankruptcy? Yes No

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

k. Has any shareholder, partner or owner of seller 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 this motor carrier hold Indiana Intrastate Authority? Yes No If yes, what happened to the certificate or permit as a result of the bankruptcy? _____

l. Has the seller performed continuous and adequate service under the certificate or permit now pending sale and transfer? _____

m. In support of this application, please attach a copy of the certificate or permit being transferred including the scope of authority granted by the Department.

WHEREFORE, the joint applicants ask that the Indiana Department of Revenue grant _____
 (Emergency Temporary or Temporary)

authority to purchaser pending the sale and transfer of _____ number _____,
 (Certificate or Permit)

authorizing the operation of motor vehicles as a common or contract carrier over the public highways of the State of Indiana upon the route and between the points and serving the cities and towns as authorized by the above numbered certificate or permit.

 (Signature of Attorney or Representative or Purchaser)

 (Signature of Purchaser)

 (Print Name of Attorney or Representative)

 (Print Name of Purchaser)

 (Address)

 (Telephone Number)

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

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: _____

 (Signature of Attorney)

 (Signature of Seller)

 (Print Name of Attorney)

 (Print Name of Seller)

 (Address)

 (Telephone Number)

 (Email Address)

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

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 Joint Application of Emergency Temporary or Temporary Authority Pending the Sale and Transfer of Certificate or Permit

Please read these instructions carefully before completing the application.

The application for emergency temporary or temporary authority pending the sale and transfer of a certificate or permit **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 company, 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 contract, or a copy of the contract, or a copy of the 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;
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).

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