



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

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

Part 1. Purchaser Information

1. Purchaser'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 purchaser is a partnership, provide the name and address of each member.

Provide the name, title and address of each principal officer if the purchaser is a corporation.

Name _____ Title _____ Address _____

Name _____ Title _____ Address _____

Name _____ Title _____ Address _____

8. 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)

Indicate the most recent year an annual report was filed with Office of the Secretary of State of Indiana _____

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

Name	Number of Shares

10. List any other motor carrier companies with Indiana intrastate operating authority, along with their Indiana intrastate certificate or permit number, in which any shareholder listed above has a financial interest.

Motor Carrier Company	Certificate or Permit Number

11. Certificate and permit number if you are currently hold Indiana intrastate operating authority.

Certificate Number _____ Permit Number _____

Part 2: Seller Information

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

2. Street Address _____

3. City, State, ZIP Code _____

4. Telephone Number _____ County _____

5. Principal place of business in Indiana (if different):

6. Check One: Partnership Corporation Individual Other: _____

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

Name _____ Title _____ Address _____

Name _____ Title _____ Address _____

Name _____ Title _____ Address _____

8. If seller is a corporation, provide the state and the date of incorporation.

_____ (State) _____ (Date of Incorporation)

Indicate the most recent year an annual report was filed with Office of the Indiana Secretary of State: _____

9. List all Indiana intrastate authority certificate or permit numbers which the seller will be retaining. (Attach copies)

10. Is the seller currently in bankruptcy? Yes No

If yes, indicate court cause number and date filed: _____

11. Has any shareholder, partner or owner of seller 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 this motor carrier hold Indiana intrastate operating authority? Yes No If yes, what happened to the certificate or permit as a resulting from the bankruptcy? _____

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

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

Instructions for Joint Application of Emergency Temporary or Temporary Authority Pending the Sale and Transfer of Certificate or Permit Transport Passenger or Household Goods

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**. A copy of the completed application must be provided along with the original.

Each line of the application must be completed. If a line is not applicable, enter "N/A" in the space provided.

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.

In accordance with 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;
- 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);
- Proof of insurance as required by IC 8-2.1-22-46 and 45 IAC 16-1-2;
- 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 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
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Indianapolis, Indiana 46241-9612