



APPLICATION FOR TRANSPORT OPERATOR PLATES

State Form 37028 (R9 / 6-18)
INDIANA BUREAU OF MOTOR VEHICLES

Indiana Bureau of Motor Vehicles
309 West South Street
Winchester, IN 47394
Telephone: 765-584-7038
Fax number: 765-584-7190

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
 2. An applicant must be an Indiana resident, Indiana business, or a valid Indiana dealer. Proof of residency must be submitted with this application. Acceptable proof is outlined in Section 1.
 3. Proof of financial responsibility (e.g. Certificate of Liability or BMV verified Self Insurance Certificate) must be submitted with this application and must state how many sets of transport operator license plates the insurance policy covers. An applicant may not receive more sets of transport operator plates than what is covered by the insurance policy.
 4. Make check or money order payable to the Bureau of Motor Vehicles.
 5. Mail completed form with payment to the address listed above.

SECTION 1 - APPLICANT INFORMATION

Name of Business (If sole proprietorship or general partnership, complete name information below.)		Federal Identification Number (FIN) (if applicable)	
NAME (Enter all owner/partner names.)	TELEPHONE NUMBER	Social Security Number (SSN)* (Only required if no FIN.)	
1)	()		
2)	()		
3)	()		
Business Address (number and street) (P.O. Boxes may not be used.)		Business Telephone Number ()	
City	County	State IN	ZIP Code
Mailing Address (if different from business address)	City	State IN	ZIP Code

Type of Business: (Check one.)

I am an **Indiana resident, sole proprietor, or general partner** engaged in the business of furnishing drivers and operators for the purpose of transporting vehicles in transit from one place to another by the drive away or tow away methods. (You must provide two (2) proofs of your Indiana address dated within the last sixty (60) days from the approved BMV Documentation List located on www.myBMV.com.)

I am an **Indiana business:** (check one)

Engaged in the business of furnishing drivers and operators for the purpose of transporting vehicles in transit from one place to another by the drive away or tow away methods.

That prepares newly purchased vehicles of the business and delivers the vehicles to the locations where the vehicles will be based, titled, and registered.

(You must have a valid business license with the Indiana Secretary of State which will be verified by the BMV. No additional proof required.)

I am an **Indiana dealer or manufacturer** engaged in the operation or business of furnishing drivers and operators for the purpose of transporting vehicles in transit from one place to another by the drive away or tow away methods. (You must have a valid dealer license with the Indiana Secretary of State which will be verified by the BMV. No additional proof required.)

_____ **Dealer Number Required** _____

Type(s) of vehicle(s) transported (Check all that apply.)

Passenger Cars Trucks Motorcycles Recreational Vehicles Trailers Disposable Trailer

Other (List all that apply.) _____

Name of Insurance Company	Insurance Policy Number (if applicable)	Number of Sets of Plates Covered by Policy
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SECTION 2 - INVOICE

(Select the number of plates you wish to purchase.)

<input type="checkbox"/> First Set Only (2 Plates): \$139.25	\$
<input type="checkbox"/> First 2 Sets (4 Plates): \$158.25	\$
<input type="checkbox"/> Additional Plate Sets: \$34.25 / each set	Quantity of Additional Sets \$
TOTAL AMOUNT DUE	
	\$

SECTION 3 - AFFIRMATION AND SIGNATURE

I swear or affirm under the penalty of perjury that the information provided in this application is true and correct.

Signature of Authorized Representative	Printed Name	Date (mm/dd/yyyy)
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