

APPLICATION FOR TRANSPORT OPERATOR PLATES

State Form 37028 (R6 / 8-11) Approved by State Board of Accounts, 2011 INDIANA BUREAU OR MOTOR VEHICLES

Please send all applications to: **Indiana Bureau of Motor Vehicles**

309 West South Street Winchester, IN 47394 Telephone: 765-584-7038 Fax number: 765-584-7190

- INSTRUCTIONS: 1. Complete in blue or black ink or print form.
 - 2. Attach proof of financial responsibility Certificate of Liability, Bond or BMV verified Self Insurance Certificate. A Certificate of Liability must indicate transport license plate coverage has been purchased for each set of license plates requested.
 - 3. Application must be accompanied by a check or money order made payable to the Bureau of Motor Vehicles or include credit card information and signature below.
 - 4. Mail completed form with payment to address indicated above.

SECTION 1. APPLICANT INFORMATION If an out of state entity, please provide address and telephone number for the office located in Indiana.							
Official name of entity					Federal Identification Number		
Entity Address (number and street)							
City		County		State IN	ZIP code	Business telephone number	
Type of Business (select one): Sole Proprietorship Partnership LLC Corporation Unincorporated Association Other:							
SECTION 2. PARTNER OR OFFICER CONTACT INFORMATION List information for executive officer or, if no executive officer exists, list the general partners in a partnership. Attach an additional sheet of paper if necessary.							
NAME TITLE				ADDRESS TELEPHONE NUMBER			
SECTION 3. TRANSPORT INFORMATION							
Transport operator's principal type of business							
If a Regulated Carrier, please indicate your FMCSA Interstate Operating Authority Number (Motor Carrier, Freight Forwarder, or Motor Broker Number)							
List the states in which you intend to operate							
Brief description of each style or type of motor vehicle transported (e.g. cars, trucks, motor homes, boats) (attach additional sheet if necessary)							
Basis of Financial Responsibility (certificate of insurance must be included with application) Insurance policy number (if applicable) Date of expiration (month, day, year)							
SECTION 4. INVOICE A. For initial requests, check the applicable box beside (A) or (B) in the below section. If you are ordering additional sets of plates, check the box beside (C) and indicate the number of additional sets of plates you are requesting. B. For established accounts with the Bureau of Motor Vehicles, check the box beside (C) and indicate the number of additional sets of plates you are requesting.							
Check all that apply	eck all						
	A. Initial Set (2 Plates) Only	tes) Only: \$139.25			\$		
	B. Initial 2 Sets (4 Plates):	\$ 158.25		\$	\$		
	C. Additional Plate Sets:	\$34.25 / each set	Quantity of s	sets	\$		
	TOTAL AMOUNT DUE				\$		
SECTION 5. PAYMENT INFORMATION							
Type of payment (select one) Check / Money order MasterCard Visa							
Credit card number				Expiration date	Expiration date (month, day, year)		
SECTION 6. AFFIRMATION AND SIGNATURE							
The authorized representative swears or affirms under the penalty of perjury that the information provided in this application is true and correct. By signing, the representative also authorizes the Bureau of Motor Vehicles to charge the above listed credit card.							
Signature of authorized entity representative Printed name of authorized entity representative Date (month, day, year)							