



**Application for Permanent Authority
To Transport Passenger or Household Goods**

Application for _____ authority for permanent authorization by
(Common or Contract)
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, give the name and address of each partner; if applicant is a corporation, give the name, title, and address of each principal officer:

Name _____ Address _____

Name _____ Address _____

Name _____ 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. 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: _____

14. If this application is for a contract, 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: _____

15. Is applicant now operating under an Indiana intrastate certificate(s) and/or permit? Yes No

If yes, give number(s): _____

16. 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 there in.

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 Certificate or Permit

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 permanent operating 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 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. A publication fee of \$80.

Before a certificate or permit will be issued by the Department, I.C. 8-2.1-22-13 requires that a public hearing be held at which the Department will consider, among other things, the following:

1. The financial ability to furnish adequate service;
2. Whether existing transportation service is adequate;
3. The effect upon existing transportation, and particularly, whether the granting of such application will or may seriously impair such existing service;
4. The volume of existing traffic over the route proposed;
5. The effect and burden upon the highways and the bridges thereon, and the use thereof by the public and;
6. Whether the operations will threaten the safety of the public or be detrimental to the public welfare.

If no protests are filed to your application, the hearing will be summary in nature as provided in 45 IAC 16-1.5-12(c).

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) 615-7338