



Indiana Department of Revenue  
**Application for Authority to Transport  
Passengers or Household Goods**

**Section A: Motor Carrier Information**

|  |           |                  |            |
|--|-----------|------------------|------------|
| 1. Legal Name  |           |                  |            |
| 2. Doing Business As (DBA) Name (if applicable)        |           |                  |            |
| 3. Physical Office Address (cannot be a P.O. box)      |           |                  |            |
| 4. City  | 5. State  | 6. ZIP Code      | 7. County  |
| 8. Telephone Number                                    |           | 9. Email Address |            |
| 10. Mailing Address (If different from street address) |           |                  |            |
| 11. City   | 12. State | 13. ZIP Code     | 14. County |

**Section B: Business Entity Type**

|  |   |
|--|---|
| 15. Type of Entity (check one)         |   |
| <input type="checkbox"/> Incorporation | <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Individual/Sole-Proprietorship <input type="checkbox"/> Other: _____ |

**Section C: Authority Type**

|   |   |
|---|---|
| 16. Select type of authority you are seeking (check all that apply)   |   |
| <input type="checkbox"/> Permanent (required)   | <input type="checkbox"/> Temporary (optional) <input type="checkbox"/> Emergency Temporary (optional) |
| 17. Select the type of transportation for which you are seeking authority (check one)   |   |
| <input type="checkbox"/> Household Goods  | <input type="checkbox"/> Passengers   |
| 18. If transporting passengers, select the option that applies to your operation (check one)  |   |
| <input type="checkbox"/> Transportation of passengers in vehicles designed or used to transport eight (8) passengers or less, including the driver, between points in Indiana.    |   |
| <input type="checkbox"/> Transportation of passengers in vehicles designed or used to transport fifteen (15) passengers or less, including the driver, between points in Indiana. |   |
| <input type="checkbox"/> Transportation of passengers in vehicles designed or used to transport sixteen (16) passengers or more, including the driver, between points in Indiana. |   |

Applicants must submit the following items with this form:

- **Item A.** Form IOAP-SUP (State Form 57381)
- **Item B.** Form IOA-1 (State Form 46918)
- **Item C.** Bank statement in the business's legal name. If the applicant is a sole proprietorship or general partnership, it may be a bank statement in the individual's legal name. The bank statement must be no more than 60 days old, on a financial institution's letterhead, and show a positive balance.

**Acknowledgment Statement**

WHEREFORE, the applicant asks the Indiana Department of Revenue to authorize the applicant to operate commercial motor vehicles over the public highways of the state as set forth herein. I hereby acknowledge and swear or affirm, under the penalty of perjury, that above displayed information was reviewed and is accurate. Further, I agree to comply with all Indiana Safety and Transportation laws.

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Signature of Applicant

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Printed Name of Applicant

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Title

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Date Signed**Complete the following section if this form was prepared by an attorney.**

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Signature of Attorney

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Printed Name of Attorney

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Address

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Attorney Number

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Telephone Number

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Email Address

# Instructions for Application for Authority to Transport Passengers or Household Goods

## Section A: Applicant Information

**Line 1.** Enter the legal name of the business entity (i.e., corporation, partnership, LLC, LLP, or individual) which owns/controls the operation.

**Line 2.** If the business entity is operating under a name other than that on Line 1, (i.e. "DBA name") enter that name. Otherwise, leave this line blank.

**Line 3.** Enter the street address where the place of business is located. This cannot be a PO box.

**Line 4.** Enter the city where the place of business is located.

**Line 5.** Enter the two-letter postal abbreviation for the State, or the name of the Canadian Province, in which the place of business is located.

**Line 6.** Enter the ZIP Code number corresponding with the street address.

**Line 7.** Enter the name of the county in which the place of business is located.

**Line 8.** Enter the telephone number, including the area code, of the place of business.

**Line 9.** Enter the email address associated with the operating business entity or responsible individual.

**Line 10.** Enter the mailing address if it is different from the physical office address on Line 3. If the mailing address is the same as Line 3, leave this area blank.

## Section B: Business Entity Type

**Line 15.** Check the type of business organization.

## Section C: Authority Type

**Line 16.** Select the type of authority you are applying for:

- **Permanent (required):** This authority is valid for 12 months and requires that a yearly renewal and valid insurance Form E remain on file. Note: Lapses in insurance coverage are not permitted for any reason. If you plan to change insurance companies, a valid insurance Form E must be filed.
- **Temporary (optional):** This authority is valid for 180 days. Applicants must prove to DOR that there is an emergent need for transportation.
- **Emergency Temporary (optional):** This authority is valid for 30 days. Applicants must prove to DOR that there is an emergent need for transportation.

**Line 17.** Select the type of transportation for which you are seeking authority.

**Line 18.** Select the option that indicates the number of passengers your vehicle was manufactured to transport, including the driver. If you have multiple vehicles, select the largest option that applies. Note: Modifications to vehicles should not be considered. This must be the number of seats the manufacturer originally manufactured the vehicle to transport.