



Indiana Department of Revenue  
**Application for Permanent, Temporary, or  
Emergency Temporary Authority to Transport  
Passenger or Household Goods**

Indicate the type of authorization applying for (select all that apply):

Permanent       Temporary       Emergency Temporary

1. Legal Name (include DBA, if applicable): \_\_\_\_\_  
\_\_\_\_\_

Physical Office Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ County \_\_\_\_\_

Email Address \_\_\_\_\_

2. Other Mailing Address (if different):

Street Address \_\_\_\_\_

City, State, ZIP Code \_\_\_\_\_

County \_\_\_\_\_

3. Type of Entity (select one):     LLC                       Corporation                       Individual / Sole Proprietorship  
 Partnership (list all partners below)     Other: \_\_\_\_\_

List all partners from above (attach additional pages if necessary):

Partner Name	Partner Title

4. Authority you are applying for:  
Type of carrier (select one)     Common Carrier     Contract Carrier  
AND  
Type of transport (select one)     Household Goods     Passenger

If transporting passengers between points in Indiana, select one of the following options:

- Transportation of passengers in vehicles designed or used to transport eight (8) passengers or less, including the driver, between points in Indiana.
- Transportation of passengers in vehicles designed or used to transport fifteen (15) passengers or less, including the driver, between points in Indiana.
- Transportation of passengers in vehicles designed or used to transport sixteen (16) passengers or more, including the driver, between points in Indiana.

5. Do you agree to comply with all Indiana Safety and Transportation laws?  Yes  No

6. In support of this application, applicant submits the following exhibits, attached hereto and made part hereof:

Exhibit A - IOAP-SUP

Exhibit B - IOA-1

Exhibit C - Bank statement in business's legal name (or: legal name of business). If an applicant carrier is a sole proprietorship or general partnership, an individual's bank statement is acceptable. The statement must be no more than 60 days old, on a financial institution's letterhead, and show a positive balance.

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.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name of Applicant

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date Signed

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

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Printed Name of Attorney

\_\_\_\_\_  
Address

\_\_\_\_\_  
Attorney Number

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email Address