

APPLICATION FOR REGISTRATION OF VEHICLES USED FOR OFFICIAL BUSINESS

State Form 53565 (R5 / 6-18) Indiana Bureau of Motor Vehicles **BUREAU OF MOTOR VEHICLES**

Municipal Processing 100 North Senate Avenue Room N415 Indianapolis, IN 46204

INSTRUCTIONS:

- 1. Complete in blue or black ink or print form.
- 2. Complete all information in sections 1, 2, 3, and 4, as applicable, and mail to the address listed above.
- 3. The application must be accompanied by a copy of each vehicle title, title application, or lease agreement if applying for registration only.
- 4. For a new license plate request, choose either the license plate type that is reflective of your entity, a standard passenger license plate, or other license plate type desired.
- 5. Indicate in Section 3 which of the municipal classifications applies to the entity named on this application. The entity must submit the requested documentation or proof that the entity meets the indicated classification.
- 6. A safety inspection must be completed by the Indiana State Police for all school bus plate applications.

SECTION 1 - APPLICANT INFORMATION										
Name of Owner						Federal Identification Number				
Street Address of Entity (number and street)										
City			State	7IP	Code	County	Township			
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Mailing Address (if different from street addres	s)			City		ZIP Code				
								IN		
Name and Title of Entity's Executive Officer				Telephone	e Numl	ber				
SECTION 2 - VEHICLE INFORMATION (List the following information for each vehicle. Attach additional sheets if necessary.)										
(1) Vehicle Identification Number (VIN): (Ple				Purchase or Lease Date (mm/do					(mm/dd/yyyy)	
Year Make	Model			Туре		Color		Gross Vehic	cle Weight (if applicable)	
Description of Vehicle Official Business Usage	ement /	Agency	Financial	Resno	neihility	(Source of s	eelf-insurance	e or insurance company		
must include here if tactical or non-tactical veh	Financial Responsibility (Source of self-insurance or insurance company name and policy number)									
The application is for: (check one)	License Plate Type: (check one)									
New License Plate	City PoliceSheriffMunicipalSchool Bus									
New Election Flate	State Owned UniversityDriver Education									
	Law Enforcement Administrative									
Transfer an Existing License Plate:(-									
	Or you may choose one of the following:									
	PassengerOther: (Enter plate type.)									

(2) Vehicle Identification Number (VIN): (Please enter in spaces below.)									Purchase or Lease Date (mm/dd/yyyy)						
Yea	r	Make				Model				Type		Color		Gross Vehicle Weight (if applicable)	
		Vehicle O					forceme	ent Ager	псу					self-insurance or insurance company	
must include here if tactical or non-tactical vehicle.)							name and policy number)								
The application is for: (check one)						License Plate Type: (check one)									
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	_New Lice	ense Plate								City PoliceSheriffMunicipalSchool Bus					
										Sta	ite Owne	ed Univ	ersity _	Driver Education	
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										_	-			_	
										Pas	ssenger		Other:	(Enter plate type.)	
(3)	Vehicle Id	lentification	on Numbe	er (VIN)): (Plea	ase ente	er in spa	aces belo	ow.)					or Lease Date (mm/dd/yyyy)	
														T	
Yea	r	Make				Model				Type		Color		Gross Vehicle Weight (if applicable)	
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		Vehicle On the contract of the					norceme	ent Ager	псу	name ar				self-insurance or insurance company	
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The application is for: (check one)					License Plate Type: (check one)										
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SECTION 3 - ENTITY CLASSIFICATION									
Please check one (1): 1. The State of Indiana (as defined in IC 6-1.1-1-18) a) a state agency									
b) a state university									
c) other state entity									
A municipal corporation (as defined in IC 36-1-2-10) "Municipal corporation" a) a county, municipality, or township	ration" means any	of the following:							
b) school corporation (Must be listed as a school corporation with the Indiana Department of Education)									
c) library district (Must be listed as a library with the Indiana State Library)									
d) local housing authority (Must provide a certified copy of the o	d) local housing authority (Must provide a certified copy of the ordinance(s) that establishes the authority)								
e) fire protection district (Must be listed with the Indiana State F	e) fire protection district (Must be listed with the Indiana State Fire Marshall or Indiana Depa								
f) public transportation corporation (Must provide a certified cop	f) public transportation corporation (Must provide a certified copy of the ordinance(s) that establishes the corporation)								
g) local building authority (Must provide a certified copy of the re	g) local building authority (Must provide a certified copy of the resolution or ordinance(s) that establishes the authority)								
h) local hospital authority or corporation (Must provide a certified	l copy of the resolu	ution or ordinance(s) that establishes th	ne authority)						
i) local airport authority (Must provide a certified copy of the rese	olution or ordinanc	e(s) that establishes the authority)							
j) special service district (Must provide a certified copy of the res	solution or ordinan	ce(s) that establishes the district)							
 k) other separate local governmental entity that may sue and be sued (Must provide a certified copy of the statute, ordinance or resolution that establishes the entity). 									
A volunteer fire department (as defined in IC 36-8-12-2) (Must be listed with the Indiana State Fire Marshall or Department of Homeland Security and provide a copy of the contract or resolution to provide firefighting services for a county, city, town, or township.)									
4 A volunteer emergency ambulance service that meets the requirements of IC 16-31 and has only members that serve for no compensation or a nominal annual compensation of not more than \$3,500.00. (Must be registered as a Volunteer Emergency Ambulance Service with the Indiana Emergency Medical Services and provide an official letter from the Indiana Emergency Medical Services Commission.)									
5 A rehabilitation center funded under IC 12-12 (Must be listed as rehabilitation center with the Indiana Rehabilitation Bureau and provide a letter from the Indiana Rehabilitation Bureau of the FSSA.)									
6 A community action agency (IC 12-14-23) (Must be designated by the Governor or under Federal law as a community action agency.)									
7 An area agency on aging (IC 12-10-1-6) and a county council on aging that is funded through an area agency (Must provide a copy of the contract with the Bureau of Aging and In-Home Services.)									
8 A community mental health center (IC 12-29-2) (Must provide a copy of the Division of Mental Health and Addiction's certificate to operate in Indiana as a community mental health center.)									
9 An approved postsecondary educational institution listed in	IC 21-7-13-6(a)(1)	(C).							
For Law Enforcement License Plates: (Must provide official identification a) The Indiana State Police Department	showing the repre	sentative is employed with the law enfo	orcement agency.)						
b) The Indiana Department of Natural Resources									
c) A county police department									
d) A city or town police department									
SECTION 4 - AFFIRMATION AND SIGNATURE									
The authorized representative submitting this application swears or affir application is true and correct, that the entity for which this application i business pursuant to IC 9-18.1-9-1.									
Signature of Authorized Representative	Printed Name of	e of Representative Date (mm.							
Title of Representative	<u> </u>	Telephone Number of Representative	<u> </u>						
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