



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 IN		ZIP Code		County		Township	
Mailing Address (if different from street address)					City			State IN		ZIP Code		
Name and Title of Entity's Executive Officer					Telephone Number							
SECTION 2 - VEHICLE INFORMATION												
<i>(List the following information for each vehicle. Attach additional sheets if necessary.)</i>												
(1) Vehicle Identification Number (VIN): (Please enter in spaces below.)										Purchase or Lease Date (mm/dd/yyyy)		
Year		Make			Model			Type		Color		Gross Vehicle Weight (if applicable)
Description of Vehicle Official Business Usage (Law Enforcement Agency must include here if tactical or non-tactical vehicle.)							Financial Responsibility (Source of self-insurance or insurance company name and policy number)					
The application is for: (check one)							License Plate Type: (check one)					
<input type="checkbox"/> New License Plate <input type="checkbox"/> Transfer an Existing License Plate: _____ <div style="text-align: right;"><i>(plate number)</i></div>							<input type="checkbox"/> City Police <input type="checkbox"/> Sheriff <input type="checkbox"/> Municipal <input type="checkbox"/> School Bus <input type="checkbox"/> State Owned University <input type="checkbox"/> Driver Education <input type="checkbox"/> Law Enforcement Administrative Or you may choose one of the following: <input type="checkbox"/> Passenger <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Enter plate type.)</i></div>					

(2) Vehicle Identification Number (VIN): <i>(Please enter in spaces below.)</i>														Purchase or Lease Date <i>(mm/dd/yyyy)</i>			
Year		Make				Model				Type		Color		Gross Vehicle Weight <i>(if applicable)</i>			
Description of Vehicle Official Business Usage <i>(Law Enforcement Agency must include here if tactical or non-tactical vehicle.)</i>										Financial Responsibility <i>(Source of self-insurance or insurance company name and policy number)</i>							
The application is for: <i>(check one)</i>										License Plate Type: <i>(check one)</i>							
<input type="checkbox"/> New License Plate <input type="checkbox"/> Transfer an Existing License Plate: _____ <div style="text-align: right;"><i>(plate number)</i></div>										<input type="checkbox"/> City Police <input type="checkbox"/> Sheriff <input type="checkbox"/> Municipal <input type="checkbox"/> School Bus <input type="checkbox"/> State Owned University <input type="checkbox"/> Driver Education <input type="checkbox"/> Law Enforcement Administrative Or you may choose one of the following: <input type="checkbox"/> Passenger <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Enter plate type.)</i></div>							
(3) Vehicle Identification Number (VIN): <i>(Please enter in spaces below.)</i>														Purchase or Lease Date <i>(mm/dd/yyyy)</i>			
Year		Make				Model				Type		Color		Gross Vehicle Weight <i>(if applicable)</i>			
Description of Vehicle Official Business Usage <i>(Law Enforcement Agency must include here if tactical or non-tactical vehicle.)</i>										Financial Responsibility <i>(Source of self-insurance or insurance company name and policy number)</i>							
The application is for: <i>(check one)</i>										License Plate Type: <i>(check one)</i>							
<input type="checkbox"/> New License Plate <input type="checkbox"/> Transfer an Existing License Plate: _____ <div style="text-align: right;"><i>(plate number)</i></div>										<input type="checkbox"/> City Police <input type="checkbox"/> Sheriff <input type="checkbox"/> Municipal <input type="checkbox"/> School Bus <input type="checkbox"/> State Owned University <input type="checkbox"/> Driver Education <input type="checkbox"/> Law Enforcement Administrative Or you may choose one of the following: <input type="checkbox"/> Passenger <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Enter plate type.)</i></div>							
(4) Vehicle Identification Number (VIN): <i>(Please enter in spaces below.)</i>														Purchase or Lease Date <i>(mm/dd/yyyy)</i>			
Year		Make				Model				Type		Color		Gross Vehicle Weight <i>(if applicable)</i>			
Description of Vehicle Official Business Usage <i>(Law Enforcement Agency must include here if tactical or non-tactical vehicle.)</i>										Financial Responsibility <i>(Source of self-insurance or insurance company name and policy number)</i>							
The application is for: <i>(check one)</i>										License Plate Type: <i>(check one)</i>							
<input type="checkbox"/> New License Plate <input type="checkbox"/> Transfer an Existing License Plate: _____ <div style="text-align: right;"><i>(plate number)</i></div>										<input type="checkbox"/> City Police <input type="checkbox"/> Sheriff <input type="checkbox"/> Municipal <input type="checkbox"/> School Bus <input type="checkbox"/> State Owned University <input type="checkbox"/> Driver Education <input type="checkbox"/> Law Enforcement Administrative Or you may choose one of the following: <input type="checkbox"/> Passenger <input type="checkbox"/> Other: _____ <div style="text-align: right;"><i>(Enter plate type.)</i></div>							

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

2. A municipal corporation (as defined in IC 36-1-2-10) "Municipal corporation" means any of the following:

- a) a county, municipality, or township
- 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 ordinance(s) that establishes the authority)*
- e) fire protection district *(Must be listed with the Indiana State Fire Marshall or Indiana Department of Homeland Security)*
- 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 resolution or ordinance(s) that establishes the authority)*
- h) local hospital authority or corporation *(Must provide a certified copy of the resolution or ordinance(s) that establishes the authority)*
- i) local airport authority *(Must provide a certified copy of the resolution or ordinance(s) that establishes the authority)*
- j) special service district *(Must provide a certified copy of the resolution or ordinance(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).*

3. 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 showing the representative is employed with the law enforcement agency.)

- a) The Indiana State Police Department
- 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 affirms under the penalty of perjury that the information provided in this application is true and correct, that the entity for which this application is made owns or leases the above listed vehicle(s) and uses it for official business pursuant to IC 9-18.1-9-1.

Signature of Authorized Representative	Printed Name of Representative	Date (mm/dd/yyyy)
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Title of Representative	Telephone Number of Representative ()
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