

**Form INIRP-BN**State Form 55550  
(R19 / 3-25)Indiana Department of Revenue  
**International Registration Plan  
New Account Schedule BN****Section 1**

1. Registrant Name			7. Fleet Mailing Address		12. IRP Account Number	13. Fleet Number
2. Fleet Street Address		3. County	8. County	9. City	14. New Account <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. City	5. State	6. ZIP Code	10. State	11. ZIP Code		
15. Type of Carrier (check only one) <input type="checkbox"/> Private Carrier <input type="checkbox"/> Exempt Commodity Carrier <input type="checkbox"/> "For Hire" Carrier (Common Carrier) <input type="checkbox"/> Household Goods Carrier						

**Section 2**

\*NR - Non Reciprocity

(Place an X in the column to the right of the jurisdictions where proportional registration is sought.)

Jurisdiction	X	Mileage	Jurisdiction	X	Mileage	Jurisdiction	X	Mileage
AB Alberta		18	ME Maine		172	PA Pennsylvania		3,814
AL Alabama		1,735	MI Michigan		1,475	PE Prince Ed. Is.		7
AR Arkansas		1,430	MN Minnesota		668	QC Quebec		25
AZ Arizona		1,707	MO Missouri		2,274	RI Rhode Island		66
BC British Col.		15	MS Mississippi		1,123	SC S. Carolina		1,563
CA California		4,422	MT Montana		320	SD S. Dakota		150
CO Colorado		909	NB New Bruns.		5	SK Saskatchewan		13
CT Connecticut		497	NC N. Carolina		2,479	TN Tennessee		2,777
DC Wash. D.C.		8	ND N. Dakota		154	TX Texas		6,072
DE Delaware		157	NE Nebraska		586	UT Utah		839
FL Florida		3,034	NF Newfoundland		4	VA Virginia		2,032
GA Georgia		3,367	NH N. Hampshire		138	VT Vermont		78
IA Iowa		1,045	NJ New Jersey		1,370	WA Washington		844
ID Idaho		385	NM New Mexico		1,113	WI Wisconsin		1,218
IL Illinois		3,826	NS Nova Scotia		4	WV West Virginia		592
KS Kansas		897	NV Nevada		703	WY Wyoming		476
KY Kentucky		1,987	NY New York		1,579	<b>For Official Use Only</b>		
LA Louisiana		1,024	OH Ohio		3,887			
MA Massachusetts		592	OK Oklahoma		1,283	IN Indiana Miles	4,369	
MB Manitoba		10	ON Ontario		171	NR Miles		
MD Maryland		965	OR Oregon		893	Total Fleet Miles		

**Section 3**16. Please designate the appropriate year for the mileage reporting period of  
July 1, \_\_\_\_\_ through June 30, \_\_\_\_\_.Under penalty of perjury, I have examined this return and all attachments  
and to the best of my knowledge and belief, it is true, complete and  
correct, and I am providing proof of financial responsibility prior to  
affixing my signature hereto.I agree ☐ Yes ☐ No

Signature of Owner or Responsible Officer

Title \_\_\_\_\_ Date \_\_\_\_\_

Name of Your Insurance Company (not the agency or group)

Policy Number \_\_\_\_\_ Insurance Company Telephone Number \_\_\_\_\_

Insurance Company Address

## Instructions for INIRP-BN

### Section 1

**Line 1:** Enter the applicant name as it is registered with the Indiana Secretary of State or the Indiana Department of Revenue. (The IRP Unit will register the applicant in the same name as registered with the Indiana Secretary of State or the Indiana Department of Revenue. If the name as registered with the Indiana Secretary of State or the Indiana Department of Revenue differs from the title or title application name, a Lease Agreement or title change is required.)

**Lines 2 through 6:** Enter the **FLEET** street address if different from the Indiana business street address on Schedule A.

**Lines 7 through 11:** Enter the fleet mailing address if different from the applicant mailing address on Schedule A. Each **FLEET** may have an independent mailing address where credentials or other correspondence regarding this **FLEET** are received from the IRP Unit.

**Line 12:** Enter the Indiana IRP Account Number.

**Line 13:** Enter the Fleet Number, if applicable.

**Line 14:** Enter an X in the appropriate box for determining a new account.

**Line 15:** Enter the Type of Carrier. Check only one.

### Section 2

Place an X in the column to the right of the jurisdiction(s) where proportional registration is sought.

The estimated miles for each jurisdiction are based upon the total actual miles traveled by proportionally registered vehicles in the jurisdiction, during the previous mileage reporting period. To use other estimated miles, see Section 3, Line 22.

### Section 3

**Line 16:** Enter the year for the mileage reporting period for which the miles are being reported.

Schedule BN must be signed by the responsible person. Please include the person's job title and the date.

Print or type the full name of your insurance company (not the agency or the group). Enter your policy number and all the additional information requested.

Indiana law requires every motor vehicle registered in the State of Indiana to have proof of financial responsibility.

Proof of financial responsibility includes one of the following:

1. Motor vehicle's insurance policy
2. Self insurance (certificate from BMV required)
3. Indiana Motor Carrier Authority Number (IMCA) (PSCI)
4. \$40,000 in securities or cash deposited with the Treasurer of Indiana

**NOTE:** If qualified under 2 or 3, place your IMCA number or certificate of self insurance number in the policy number area on the front of this form.

If qualified under 4, place the word "BOND" in the insurance company name area on the front of this form.

**Falsification of this information will subject you to a jail term of up to two years, a fine of up to \$10,000, and suspension of your driver's license for a period of up to one year.**