



APPLICATION FOR TRANSPORT OPERATOR PLATES

State Form 37028 (R5 / 1-09)
Approved by State Board of Accounts, 2009
INDIANA BUREAU OF MOTOR VEHICLES

Please send all applications to:

Indiana Bureau of Motor Vehicles
309 West South Street
Winchester, IN 47394
Telephone: 765-584-7038
Fax number: 765-584-7190

SECTION 1. APPLICANT INFORMATION

If an out of state entity, please provide address and telephone number for the office located in Indiana.

Official name of entity			Federal Identification Number		
Entity Address (number and street)					
City	County	State IN	ZIP code	Business telephone number ()	
Type of Business (select one): <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Unincorporated Association					

SECTION 2. PARTNER OR OFFICER CONTACT INFORMATION

List information for executive officer or, if no executive officer exists, list the general partners in a partnership. Attach an additional sheet of paper if necessary.

NAME	TITLE	ADDRESS	TELEPHONE NUMBER

SECTION 3. TRANSPORT INFORMATION

Transport operator's principal type of business		
If a Regulated Carrier, please indicate your FMCSA Interstate Operating Authority Number (Motor Carrier, Freight Forwarder, or Motor Broker Number)		
List the states in which you intend to operate		
Brief description of each style or type of motor vehicle transported (e.g. cars, trucks, motor homes, boats) (attach additional sheet if necessary)		
Basis of Financial Responsibility (certificate of insurance must be included with application)	Insurance policy number (if applicable)	Date of expiration (month, day, year)

SECTION 4. INVOICE

A. For initial requests, check the applicable box beside (A) or (B) in the below section. If you are ordering additional sets of plates, check the box beside (C) and indicate the number of additional sets of plates you are requesting.
B. For established accounts with the Bureau of Motor Vehicles, check the box beside (C) and indicate the number of additional sets of plates you are requesting.

Check all that apply	FEE
<input type="checkbox"/>	A. Initial Set (2 Plates) Only: \$139.25
<input type="checkbox"/>	B. Initial 2 Sets (4 Plates): \$ 158.25
<input type="checkbox"/>	C. Additional Plate Sets: \$34.25 / each set Quantity of sets
	TOTAL AMOUNT DUE

SECTION 5. PAYMENT INFORMATION

Application must be accompanied by a check or money order made payable to the Bureau of Motor Vehicles or credit card information and signature.

Type of payment (select one) <input type="checkbox"/> Check / Money order <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit card number	Expiration date (month, day, year)

SECTION 6. AFFIRMATION AND SIGNATURE

The authorized representative swears or affirms under the penalty of perjury that the information provided in this application is true and correct. By signing, the representative also authorizes the Bureau of Motor Vehicles to charge the above listed credit card.

Signature of authorized entity representative	Printed name of authorized entity representative	Date (month, day, year)
---	--	-------------------------