

## **APPLICATION FOR TRANSPORT OPERATOR PLATES**

State Form 37028 (R4 / 2-98)
Approved by State Board of Accounts, 1998

**BUREAU OF MOTOR VEHICLES - Dealer Section** 6400 E. 30th Street, Indianapolis, IN 46219

Date received (month, day, year) BMV number

## Do not write in shaded areas - BMV Use Only

Name of business					Business telephone number		Federal I.D. number			
Mailing address			City			State	ZIP code	County		
If you have a rural location, please give directions to the place of business.										
In what states do you inten	id to operate?									
If an out-of-state resid	<i>,</i>   .	Name (if different than above) and address								
Telephone number (with area code) ( )		City	City			State	ZIP code	County		
Check type of busines	☐ Sc	☐ Sole Proprietorship ☐ Partnership				☐ Corporation	Unincorporated Association			
	or: owner (if Sole Pro ficials (if Unincorpora			tners	ship), all offic	ers or di	irectors (if Corporation	n), or all manag	gers or chief	
NAME			TITLE			HOME ADDRESS			HOME PHONE NO	
									( )	
									( )	
									( )	
									( )	
List any previous Transpor	t Operator Plates									
If a Regulated Carrier, plea	ase indicate your Public	Service Com	mission Indiana Opera	ation A	Authority numb	per(s)				
Type of business principall	y engaged in									
Name of insurance carrier			Insurance policy number				Da	ite of expiration (	(month, day, ye	ar)
		INVOICE	- Add fee and mail	ling c	harges (if ap	plicable	) for total fee			
FEE							TOTAL			
Two sets of (2) Transport Operator Plates @ \$130.25							\$			
☐ Will Pick Up	I N	Mailing Charge @ \$1.50 per se			0 total)	\$				
Application must be accompanied by check or money order.					TOTAL F	EE	\$			
I here	by certify, under pen	alty of perju	ury, that the answers	s and	information	containe	ed in this application a	are true and co	orrect.	
Date (month, day, year)	Signature of owner, partner, or officer									
Typed or printed name					Typed or print	ted title				