



26. Hazardous Materials Carried or Shipped (Please Circle All That Apply) C (Carried) S (Shipped) B (Bulk)-In Cargo Tanks NB (Non-Bulk)-In Packages  
**(Divisions that are in bold require 5,000,000 in insurance.)**

C S A. <b>Division (Class A)</b>	<b>1.1 B NB (Explosives)</b>	C S V. Division	4.3	B NB (Dangerous)
C S B. <b>Division (Class A &amp; B)</b>	<b>1.2 B NB (Explosives)</b>	C S W. Division	5.1	B NB (Oxidizer)
C S C. <b>Division (Class B)</b>	<b>1.3 B NB (Explosives)</b>	C S X. Division	5.2	B NB (Organic Peroxide)
C S D. Division (Class C)	1.4 B NB (Explosives)	C S Y. Division	6.2	B NB (Infectious Substance)
C S E. Division	1.5 B NB (Blasting Agents D)	<b>C S Z. Division</b>	<b>6.1A</b>	<b>B NB (Poison Liquid which is (PIH) Zone A)</b>
C S F. Division	1.6 B NB (Explosives N)	<b>C S AA. Division</b>	<b>6.1B</b>	<b>B NB (Poison Liquid which is (PIH) Zone B)</b>
C S G. <b>Division</b>	<b>2.1 B NB (Flammable Gas)</b>	<b>C S BB. Division</b>	<b>6.1</b>	<b>B NB (Poison Liquid with no inhalation hazard)</b>
C S H. <b>Division</b>	<b>2.1 B NB (LPG - Liquid Petroleum Gas)</b>	<b>C S CC. Division</b>	<b>6.1</b>	<b>B NB (Solid-Poison Solids)</b>
C S I. <b>Division</b>	<b>2.1 B NB (Methane - Methane Gas)</b>	<b>C S DD. Class</b>	<b>7</b>	<b>B NB (Radioactive)</b>
C S J. <b>Division</b>	<b>2.2 B NB (Oxygen &amp; Non Flammable Gas)</b>	C S EE. HRCQ		B NB (Highway Route Controlled Quantity of Radioactive Material)
C S K. <b>Division</b>	<b>2.2A B NB (Anhydrous Ammonia)</b>	C S FF. Class	8	B NB (Corrosive Liquids)
C S L. <b>Division</b>	<b>2.3A B NB (Poison Gas which is Poison Inhalation Hazard (PIH) Zone A)</b>	C S GG. Class	8A	B NB (Corrosive Liquids which is (PIH) Zone A)
C S M. <b>Division</b>	<b>2.3B B NB (Poison Gas which is (PIH) Zone B)</b>	C S HH. Class	8B	B NB (Corrosive Liquids which is (PIH) Zone B)
C S N. <b>Division</b>	<b>2.3C B NB (Poison Gas which is (PIH) Zone C)</b>	C S II. Class	9	B NB (Miscellaneous)
C S O. <b>Division</b>	<b>2.3D B NB (Poison Gas which is (PIH) Zone D)</b>	C S JJ. Elevated Temp Mat		B NB
C S P. Class	3 B NB (Flammable Liquids)	C S KK. Infectious Waste		B NB
C S Q. Class	3A B NB (Flammable Liquids which is (PIH) Zone A)	C S LL. Marine Pollutants		B NB
C S R. Class	3B B NB (Flammable Liquids which is (PIH) Zone B)	C S MM. Hazardous Sub (RQ)		B NB
C S S. Combustible Liquid	B NB	C S NN. Hazardous Waste		B NB
C S T. Division	4.1 B NB (Flammable Solid)	C S OO. ORM-D		B NB
C S U. Division	4.2 B NB (Spontaneously Combustible)			

27. Equipment	Straight Trucks	Truck Tractors	Trailers	HazMat Cargo Tank Trucks	HazMat Cargo Tank Trailers	Number of Passengers (including the driver)													
						Motor Coaches	School Buses			Mini-bus	Vans		Limousines						
							1-8	9-15	16+		16+	1-8	9-15	1-8	9-15	16+			
Owned																			
Term Leased																			
Trip Leased																			
28A. Driver Information			Interstate			Intrastate			Total Drivers			Total CDL Drivers							
Within 100-Mile Radius																			
Beyond 100-Mile Radius																			

28B. What is the Gross Vehicle Weight Rating on your vehicles. **(Check all that apply)**

- GVWR 26,001 - Over     GVWR 17,001 to 26,000     GVWR 10,001 to 17,000     GVWR Under 10,000

**Section C: Business Type**

29. <input type="checkbox"/> Individual	<input type="checkbox"/> Partnership (list names, addresses)	<input type="checkbox"/> Corporation (list names, addresses)	<input type="checkbox"/> LLC (list names, addresses)
Name:	Name:	Name:	Name:
Address:	Address:	Address:	Address:



# Instructions for Completing Form BAS-1

Note that lines 1 through 28A of this form were designed to mirror the federal form MCS-150. This is to ensure the least amount of difficulty when processing and assigning your USDOT number.

## Section A: Motor Carrier Information

**Line 1:** Enter the legal name of the business entity (i.e., corporation, partnership, or LLC, LLP or individual) which owns/controls the motor carrier/shipper operation.

**Line 2:** If your business entity is operating under a name other than that on Line 1, (i.e., "DBA name") enter that name. Otherwise, leave this line blank.

**Line 3:** Enter your principle place of business street address (where all safety records are maintained). **NOTE:** A P.O. Box is not acceptable here.

**Line 4:** Enter your mailing address if it is different from the physical address listed on Line 3. If your mailing address is the same as Line 3, leave this area blank.

**Line 5:** Enter the city where your principle place of business is located.

**Line 6:** Enter the two-letter postal abbreviation for the State, or the name of the Canadian Province, in which your principal place of business is located.

**Line 7:** Enter the ZIP code number corresponding with the street address.

**Line 11:** Enter the name of the county in which your principle place of business is located.

**Line 12:** Enter the telephone number, including the area code, of the principal place of business.

**Line 13:** Enter cell phone number, including the area code.

**Line 17:** Enter your Federal Employer Identification Number (FEIN) assigned to your motor carrier operation by the Internal Revenue Service. (Partnerships must have a FEIN Number)

**Line 18:** Enter your US DOT Number or Indiana ID number assigned to your motor carrier operation by either the U.S. Department of Transportation or the Indiana Department of Revenue. Otherwise enter "N/A".

**Line 19:** Enter the motor carrier "MC" number under which the Federal Highway Administration (FHWA) issued your operating authority, if applicable. Otherwise enter "N/A".

**Line 20:** Enter your Internet E-mail address if you have one.

## Section B: Type of Motor Carrier Operation

*All* carriers must complete this section for the current year of registration. Complete this section even if you already have a US DOT number. This will ensure that your registration information is as current as possible.

**Line 21:** Check the appropriate type of **carrier** operation.

**A - Interstate hazardous materials** - Transportation of hazardous materials across state lines. (49 CFR 100-180)

**B - Intrastate hazardous materials** - Transportation of hazardous materials wholly within one state. (49 CFR 100-180)

**C - Intrastate, non-hazardous materials** - Transportation of persons or property wholly within one State.

**D - Interstate non-hazardous materials** - Transportation of persons or property across state lines, including international boundaries, or wholly within one state as part of a through movement that originates or terminates in another State or Country.

**Line 22:** Check the appropriate type of **shipper** operation.

**Line 23:** Enter the carrier's total mileage to the nearest 10,000 miles for the past calendar year and the year of the mileage.

**Line 24:** Check the appropriate classification. Check **all** that apply.

**A - Authorized for hire:** Transportation for compensation as a common or contract carrier of property, owned by others, or passengers under the provisions of the MC/FHWA.

**B - Exempt for hire:** Transportation for compensation of exempt commodities exempt from the economic regulation by the MC/FHWA.

**C - Private (property):** A person who provides transportation of property by commercial motor vehicle and is not a for hire motor carrier (hauling your own product in your vehicle).

**D - Private Passengers (Business):** A private motor carrier engaged in the interstate or intrastate transportation of passengers which is provided in the furtherance of a commercial enterprise and is not available to the public at large (e.g. touring bands).

**E - Private Passengers (Non-Profit):** A private motor carrier involved in the interstate or intrastate transportation of passengers that does not otherwise meet the definition of a private motor carrier of passengers (e.g., church buses).



F - **Broker** (Intrastate Household Goods & Passengers): A person who, for compensation, arranges or offers to arrange the transportation of household goods and/or passengers by an authorized motor carrier. Motor carriers, or persons who are employees or bona fide agents of a carrier, are not brokers within the meaning of this section when they arrange or offer to arrange the transportation shipments which they are authorized to transport and which they have accepted and legally bound themselves to transport.

**Line 25:** Check all types of cargo classifications that you usually transport. If "DD Other" is checked, enter the name of the commodity in the space provided.

**Line 26:** Circle all types of hazardous material (HM) you carry/ship.

In the columns *before* the HM types, either circle C for carrier of HM, or S for a shipper of HM.

In the columns *following* the HM types, either circle B if the HM is transported in bulk (over 119 gallons) or NB if the HM is transported in non-bulk (119 gallons or less). The HM types correspond to the classes and divisions listed in 49 CFR 173.2.

**Note:** Information on Poison Inhalation Hazards is found in column (7) of the hazardous materials table (49 CFR 172.101).

**Line 27:** Enter the total number of vehicles owned, term leased or trip leased, that are, or can be, operational the day this form is completed.

**Motor Coach:** A vehicle designed for long distance transportation of passengers, usually equipped with storage racks above the seats and a baggage hold beneath the passenger compartment.

**School Bus:** A vehicle designed and/or equipped mainly to carry primary and secondary students to and from school, usually built on a medium or large truck chassis.

**Mini-bus-** A motor vehicle designed or used to transport 16 or more passengers, including the driver, and typically built on a small truck chassis. A mini-bus has a smaller seating capacity than a motor coach.

**Van -** A small motor vehicle designed or used to transport 15 or fewer passengers including the driver.

**Limousine -** A passenger vehicle usually built on a lengthened automobile chassis.

**Line 28A:** Enter the number of interstate/intrastate drivers used on an average work day. Part-time, casual, term leased, trip leased and company drivers are to be included. Also, enter the total number of drivers, and the total number of those drivers who have a Commercial Drivers License (CDL).

## Section C: Business Type

**Line 29:** Tell us what type of business organization you are. NOTE: If you are formed as a partnership or are incorporated, list your partners or corporate officers. Attach additional sheets if necessary.

**Line 30: Proof of Public Liability Security:** Enter your insurance company's name and your policy number and the effective date. Check the box that reflects your insurance status. It is illegal for any motor carrier to operate a vehicle in Indiana without the proper insurance. If this is a renewal application no insurance filing is required.

**Line 31:** If you are an intrastate only for-hire carrier or a private carrier transporting hazardous materials, calculate your fees due by listing your total number of vehicles and multiplying times \$10 to determine your total amount due.

**Line 32:** This form must be signed by an individual authorized to sign documents on behalf of the entity listed on Line 1. Print or type the name, in the space provided, of the authorized individual signing this return. That individual must sign, date, and show his or her title in the spaces provided. (Certification Statement, see 49 CFR 385.21 and 385.23).

### *Before you seal the envelope...*

- Do not forget to sign the forms!
- Include any other attachments or copies necessary (i.e., payment, BAS-2, ICC authority, Form E-Indiana, etc.).

Direct your questions to the Indiana Motor Carrier Services Division (317) 615-7350.

Mail this return and payment to:

**Indiana Department of Revenue  
Motor Carrier Services Division  
Insurance & Safety Section  
P.O. Box 6075  
Indianapolis, IN 46206-6075**

If you need to mail via overnight or express mail our street address is:

**Indiana Department of Revenue  
Motor Carrier Services Division  
Insurance & Safety Section  
5252 Decatur Blvd., Ste. R  
Indianapolis, IN 46241-9524**



For Additional Information or Assistance:

**Interstate/Intrastate Motor Carrier Service**

**Fax Numbers**

IRP (317) 615-7340 .....(317) 821-2335  
IFTA/MCFT (317) 615-7345 .....(317) 821-2335  
USDOT/SSRS (317) 615-7350 .....(317) 821-2339  
Indiana Operating Authority (317) 615-7350 .....(317) 821-2339  
Superload Permits (317) 615-7320 .....(317) 821-2336  
Commercial Driver's License (317) 615-7335 .....(317) 821-2340  
Oversize/Overweight Vehicle Permitting (317) 615-7320 .....(317) 821-2336

**Indiana Department of Revenue**

Motor Carrier Services Division  
5252 Decatur Blvd., Suite R  
Indianapolis, IN 46241  
(317) 615-7200  
**TaxFax:** (317) 233-2329  
**Web site Address:** [www.in.gov/dor/](http://www.in.gov/dor/)

**Indiana State Police**

Commercial Vehicle Enforcement Division  
5252 Decatur Blvd., Suite J  
Indianapolis, IN 46241  
(317) 615-7373  
1-800-523-2226  
Fax: (317) 821-2350  
Web site: [www.in.gov/isp/](http://www.in.gov/isp/)

**Federal Office of Motor Carriers**

(Federal Dept. of Transportation)  
575 N. Pennsylvania, Suite 261  
Indianapolis, IN 46204  
(317) 226-7474  
Fax: (317) 226-5006  
Web site: [www.safersys.org/](http://www.safersys.org/)  
<http://li-public.fmcsa.dot.gov/>