FORM BAS-1



Indiana Department of Revenue

Indiana Business Authorization and Safety Application for Intrastate and/or Interstate Carriers for Calendar Year _____

	For Department Use Only
	FOR DEPARTMENT USE ONLY
	enewal (Due November 30th)
\square Ne	ew Applicant
	formation Change

All motor carriers are required to obtain and/or renew a USDOT Number or Indiana ID number. Read the instructions before continuing.

Section A: Motor Carrier Information								
1. Legal Name			2. Doing Business A	As (DBA) Name				
3. Physical Street Address	1		4. Mailing Address	(If Different From Street Address				
5. City	6. State/Province	7. Zip Code	8. City	9. State/Province	10. Zip Code			
11. County	12. Principle Phone No.	13. Cell Phone No.	14. Fax Number	15. County				
16. TID Number	17. FEIN/SSN		18. USDOT/Indian	a ID Number	19. FHWA/MC Number			
20. Internet E-Mail Addre	ess							
	Sect	ion B: Type of	Motor Carrier C	Operation				
21. Carrier Operation (Ch	eck All That Apply)							
A. Interstate (Haz	cardous Materials)		B. 🗌 Intrasta	B. Intrastate (Hazardous Materials)				
C. Intrastate (Non-	-Hazardous Materials)		D. 🗌 Intersta	D. Interstate (Non-Hazardous Materials)				
22. Shipper of Hazardous	Materials operation (Check	One)	23. Carrier Mileage	23. Carrier Mileage (To nearest 10,000 miles for Last Calendar Year)				
A. Interstate (Inclu	udes traveling outside Indian	na)						
`	B. Intrastate (Traveling within Indiana only)							
24. Operation Classification								
A. Authorized For-Hire(Hauling someone else's product/passengers in your vehicle) E. Private Passengers (Non-Profit) (This would apply to Church Buses, etc.)								
B. Exempt For-Hire (Hauling someone else's exempt product in your vehicle.) F. Broker Intrastate Household Goods & Passenger								
This applies to only J, O, P, S, T & AA (As listed below)								
C. Private (Property) (Hauling your own product in your vehicle) D. Private Passengers (Business) (This would apply to Touring Bands, etc.)								
	(Please Check All That Appl	· · · · · · · · · · · · · · · · · · ·)					
		3,						
A. General Freight	G. Building M		Passengers	T. U.S. Mail	AA. Farm Supplies			
B. Household Goods	s H. Mobile Ho	mes N.	Oilfield Equipment	U. Chemicals	BB. Construction			
C. Metal, Sheets, Co	oils, I. Machinery	, Large O.	Livestock	V. Commodities Dry Bulk	CC. Water Well			
Rolls	Objects	Р. 🗆	Grain, Feed, Hay	W. Refrigerated Food	DD. Other			
D. Motor Vehicles	J. Fresh Prod	uce Q.	Coal/Coke	X. Beverages				
E. Driveaway/Towa	way K. 🗌 Liquids/Ga	ases R.	Meat	Y. Paper Products				
F 🗆 Logs, Poles, Beams, L. 🗀 Intermodal Cont. S. 🗀 Garbage, Refuse, Trash Z. 🗀 Utility								
Lumber								



26. Hazardous Mar			ed (Please Circle 000,000 in insur) C (Carried)	S (Shippe	d) B (Bulk	:)-In Carg	go Tanks	NB (No	n-Bulk)	-In Packa	ges		
C S A. Division (C			Explosives)			C S V.	Division		4.3	В	NB (Dan	gerous)			
C S B. Division (C	*		· -								NB (Oxidizer)				
C S C. Division (C			Explosives)			CSX.	Division		5.2		3 NB (Organic Peroxide)				
C S D. Division (C)	*		Explosives)				Division		6.2			ctious Subs			
C S E. Division			Blasting Agents D)			CSZ.	Division		6.1					(PIH) Zo	ne A)
C S F. Division		,	Explosives N)				Division		6.1E		NB (Poison Liquid which is (PIH) Zone A) NB (Poison Liquid which is (PIH) Zone B)				
C S G. Division		,	Flammable Gas)				Division		6.1		NB (Poison Liquid with no inhalation haza				
C S H. Division		,	LPG - Liquid Petr	oleum Gas)			Division		6.1			d-Poison S			,
C S I. Division			Methane - Methan				Class		7		,	ioactive)	,		
C S J. Division		,	Oxygen & Non Fla	*			HRCQ				,	nway Rout	e Controll	ed Ouantit	tv of
C S K. Division			Anhydrous Ammo									oactive Ma			.,
C S L. Division			Poison Gas which		ion (C S FF. Class 8 E			В		osive Liqu				
		,	Iazard (PIH) Zone				Class		8A		,	osive Liqu		is (PIH) 7	Zone A)
C S M. Division	2.3		Poison Gas which	,			Class		8B		,	osive Liqu			
C S N. Division		,	Poison Gas which			C S II.	Class		9			cellaneous)		() -	
C S O. Division		,	Poison Gas which				Elevated Te	emp Mat		В	,				
C S P. Class	3	,	Flammable Liquids			•			В						
C S Q. Class		,	Flammable Liquids				Marine Pol			В 1					
C S R. Class			Flammable Liquids		· ·										
C S S. Combustible		B NB	nammaore Erquius			S NN. Hazardous Waste B NB									
C S T. Division	•		Flammable Solid)				ORM-D	· · · · · · ·		B					
C S U. Division		,	Spontaneously Con	nbustible)			Oran B			Δ.					
27. Equipment	Straight	Trucl		HazMat	HazMat			Numb	er of Pas	ssengers	(includi	ng the dri	ver)		
	Trucks	Tracto	rs	Cargo Tank Trucks	Cargo Tank	Motor Coaches		hool Bus	ses	Mini- bus	V	ans	I	imousine	es
					Trailers	Codeffe	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				Tota	CDL Di	rivers					
Within 100-Mile Ra	adius														
Beyond 100-Mile R															
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															
				Sect	ion C: B	usines	s Type								
29. Individual Partnership (list names, addresses) Corporation (list names, addresses)					esses)	LLC (list names, addresses)									
Name: Name:			Namai				Name:				Name:				
1 variic.			Name.			T tullie.									
Address:			Address:			Address	:				Address	3:			
						+	:					S:			



30.	Proof of Public Liability Security (check one)	*	request this filing from your insurar	aterials carrier you must file a Form E Indiana nce company. If you have active FHWA/MC						
Po	licy Number:			Effective Date:						
Ins	surance Company Name:									
Λ										
	☐ The applicant is a private carrier of non-haz	_								
В.	☐ The applicant is filing, or causing to be filed, a copy of its proof of public liability security in accordance with 49 CFR Part 1043 for transportation of non hazardous materials with the minimum amount of \$300,000 coverage for operating only vehicles having a Gross Vehicle Weight Rating (GVWR) of 10,000 pound or less.									
C.	☐ The applicant is filing, or causing to be file hazardous materials with the minimum amount		ility security in accordance with 49	9 CFR Part 1043 for transportation of non-						
D.	☐ The applicant is filing, or causing to be filed materials with the minimum amount of \$1,000.	, a copy of its proof of public liability 000 coverage.	security in accordance with 49 CF	R Part 1043 for transportation of hazardous						
Ε.	The applicant is filing, or causing to be filed materials with the minimum amount of \$5,000		security in accordance with 49 CF	R Part 1043 for transportation of hazardous						
F.	☐ The applicant has an approved self-insurance the order. A copy of the self-insurance order is			compliance with the conditions imposed by						
G.	☐ The applicant is filing, or causing to be filed using only vehicles with seating capacity of few									
Η.	The applicant is filing, or causing to be filed using vehicles with seating capacity greater that	a copy of its proof of public liability in 15 passengers with the minimum	security in accordance with 49 CF amount of \$5,000,000 coverage.	R Part 1043 for transportation of passengers						
	Any Indiana intrastate carrier required to obtain .00 per vehicle fee.	a US DOT number and/or Indiana	ID number and file proof of insur	ance is also required to calculate and pay a						
Nu	mber of Vehicles	Per Vehic	le Fee	Total Fee Due						
		\$10.00	\$							
(Tak	se the number of vehicles and times it by the \$10	per vehicle fee to obtain the total ar	mout of fees due)							
Che	ck One: Original Fee Calculation Sup	plemental Fee Calculation								
NO	TE: No fees are due if you are an intrastate priva	te carrier of non-hazardous material	S.							
the 1	Certification Statement (To be comple Federal Hazardous Materials Regulations as adopty knowledge and belief, true, correct, and comp	oted by Indiana law. Under penaltie								
— Au	thorized Signature	Printed Name	Title	Date						
	Direct your question	ons to the Indiana Motor Car	rier Services Division (317)	615-7350.						
	Mail This Form To: Indiana Department of Revenue Motor Carrier Services Division PO Box 6075 Indianapolis, IN 46206-6075		If you need to mail via over our street address is: 5252 Decatur Blvd., Ste. R Indianapolis, IN 46241-952							



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).

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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 Athority (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/

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/

Federal Office of Motor Carriers

(Federal Dept. of Transporation) 575 N. Pennsylvania, Suite 261 Indianapolis, IN 46204 (317) 226-7474

Fax: (317) 226-5006

Web site: www.safersys.org/ http://li-public.fmcsa.dot.gov/

