



Please e-mail this form to <u>rides@dhs.in.gov</u> or fax this information to (317) 232-6609. If you need further assistance or information, please call (317) 232-6427.

We must have the State Number(s) to complete your request.

STATE NUMBER:

(This is the state number on your current Operating Permit or Invoice.)

* Note: If more than one State Number applies, please specify State numbers:

OWNER INFORMATI	<u>ON</u>		
Owner Name or Manager	nent Company:		
	:		
City/State:		ZIP:	
Telephone:	Fax:	E-mail:	
	(This is where the Elevator i		
Attention:			
City/State:		ZIP:	
Telephone:	Fax:	E-mail:	
Company Name:	DDRESS (If different from U		
		E-mail:	