

# Online Transport Operator Application Guide

*Each step of the online application process is listed below. For additional details on any of the steps, please click the link and you will be directed to the appropriate page.*

## **Finding the License Application**

1. Navigate to [dealers.sos.in.gov](http://dealers.sos.in.gov) p. 1
2. Sign in p. 2
3. Select “License Application” p. 3

## **Completing the License Application**

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# Signing In

AUTO DEALER SERVICES DIVISION ALL SERVICES IN.gov

IN Dealer: Your one-stop source for your license. LOGIN Login Help

WELCOME TO INDIANA DEALER LICENSING

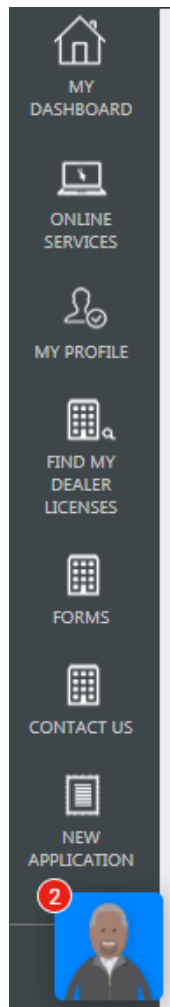
IN.gov Access Indiana - Portal About Getting Started Available Services FAQ & Help

Welcome to Access Indiana  
The State of Indiana's Single Sign-On Portal  
Conduct business with ease and security  
To use Dealer Portal you must have an Access Indiana account.  
Don't have an account?  
Sign Up for Access Indiana

To use Dealer Portal you must have an Access Indiana account.  
Sign In with Access Indiana  
Don't have an Access Indiana account?  
Email  
Continue  
Cancel and Return to Dealer Portal  
Support & Chat

- If you do not already have an account, select “Sign Up for Access Indiana” to create one
- If you already have a log-in for INBiz, you can use that same log-in information here

# New Application



- Select “New Application” from the bottom of the left-side menu.
- If you do not see “New Application,” check to see if you need to scroll farther to the bottom or to the left.

# Information Page

**AUTO DEALER SERVICES DIVISION** Welcome!

**LICENSURE APPLICATION - INFORMATION** **LOGOUT**

MY DASHBOARD  
ONLINE SERVICES  
MY PROFILE  
FIND MY DEALER LICENSES  
FORMS  
CONTACT US  
LICENSURE APPLICATION

INFORMATION DEALER BUSINESS ENTITY OWNER SOP/INSURANCE/BOND DEALERSHIP INFORMATION DEALER PLATES AFFIRMATION DOCUMENTS

**PLEASE READ BEFORE YOU CONTINUE**

**Dealer License**  
The following licenses are available through the Secretary of State's office:

- Auto Auction
- Automotive Salvage Recycler
- Converter Manufacturer
- Dealer New (franchise dealer)
- Dealer Used
- Distributor
- Manufacturer
- Transfer Dealer
- Watercraft New (franchise dealer)
- Watercraft Used

Unsure which license you need? Review our license application pages.

**Background Check Requirement**  
All dealer owners and dealer managers must also complete a national criminal history background check. Instructions are available [here](#).

**License Fee**  
Your application will not be processed if the fee has not been paid. You may pay online at the time you submit your application.  
You may also select the option to Mail Check and mail a check or money order to our office. Be sure to include your proposed dealer name on the check, as well as a sheet of paper describing what the payment is for and your contact information.

**Help Guide**  
Step-by-step instructions are available [here](#).

**Help Line**  
A dealer account help line is available at: 317-576-2568.

**Save as Draft**  
You will be able to save a draft of your application if you discover at any point that you need to gather additional information or documents.

**Cancel** **Continue**

This is the page that should appear when you click “New Application.”

Select “Continue” to proceed.

# Dealer Details

The screenshot shows a web form titled "DEALER DETAILS". The form contains several input fields: a dropdown menu for "License Type" (currently showing "-SELECT-"), a text field for "Dealer name to appear on license (DBA)", a text field for "Business Phone Number" with an "Ext:" field, a text field for "Alternate Phone Number", a text field for "FAX Number", a text field for "Primary Email Address", and a text field for "Web Address". To the right of the form is a text box containing instructions: "The Dealer name needs to be the business name you will be operating under and the name that will appear on your signage. If you are a corporation or an LLC and will be operating under an assumed (DBA) name, provide the assumed (DBA) name. That name needs to be stated on all the documents you submit with your application as well as your business sign. Your assumed (DBA) name needs to be registered with Business Services Division of the Indiana Secretary of State, and you will be required to upload a copy of this documentation." Two red arrows originate from the bottom left and point to the "License Type" dropdown and the "Dealer name to appear on license (DBA)" field.

- Select TRANSPORT OPERATOR from the drop down list. If you are unsure if this is the appropriate license type for your business, additional [info on each license](#) type is available on our website under "[License Applications](#)."
- Enter the dealer name that will appear on your signage. This name will need to be on all the documents included with your application.

**BUSINESS PHYSICAL ADDRESS**

\* Country: UNITED STATES ▼

\* Address Line 1:

Address Line 2:

\* Zip Code :

\* City:

\* State: INDIANA ▼

- This is the physical location where you will be operating your business.
- This address needs to be on all documents you submit with your application.
- This is the only address our office will send mail to. \* Please be sure there is a mail receptacle on the property.
- Each location requires its own license.

*\*An exception is available if your location is not serviced by USPS*

IDENTIFICATION NUMBER	
* Federal Identification Number (FID):	<input type="text"/>
* Retail Merchant Number (TID):	<input type="text"/>
* Retail Merchant Location Number (LOC):	<input type="text"/>

The Federal Identification Number (also called an Employer Identification Number or EIN) is issued to your business by the IRS. It must be on the Registered Retail Merchant Certificate you submit with your application.

**BUSINESS LOCATION**

\* The established place of business location is:  Leased  Owned

\* Name of Lessor:

Email address of Lessor:

Phone Number of Lessor:

Address of Lessor:

\* Country:

\* Address Line 1:

Address Line 2:

\* Zip Code:

\* City:

\* State:

- If your business location is leased, please provide the landlord's contact information.
- If you own the business location, these fields will disappear when you select "owned."



# Navigation buttons

## Cancel

- Returns you to the homepage **without** saving any data
- If you select “cancel” while you’re in a draft application, it will delete the draft

## Save as Draft

- Returns you to the homepage after saving your data

## Save and Continue

- Saves your data and moves you to the next page of the application



- o You cannot jump forward through the application.
- o You **can** jump back to view and edit sections you’ve already completed.

# Business Entity Information

### ENTITY TYPE

Select the one that indicates your type of business.

Type of Business Entity:

SOLE PROPRIETORSHIP       PARTNERSHIP       CORPORATION  
 LLC       LLP       LP

### ENTITY INFORMATION

Legal Name of Business Entity:

Country:

Address Line 1:

Address Line 2:

Zip Code:

City:

State:

- If your business is an LLC or LLP, you must upload a copy of your Certificate of Organization issued by the Indiana Secretary of State.
- If your business is a corporation, you must upload a copy of your Certificate of Incorporation issued by the Indiana Secretary of State.
- If your business was organized or incorporated in a state other than Indiana, you must upload a copy of the out of state certificate and a certificate that your foreign business is registered to do business in the State of Indiana.

# Owner + Manager Information

The screenshot shows a form titled "OWNER DETAILS" with the following fields:

- First Name:
- Last Name:
- Suffix:
- Title:
- Year of Birth:
- Last 4 SSN:
- E-mail:
- Phone:

- All owners and managers must be disclosed.
- If an owner is a business entity, please include both the business and the individual that will be submitting to a background check on behalf of the business.
- To enter a business, please follow the below steps:
  - Last 4 digits of Social = last 4 digits of FIN
  - First name = First word or name in the business entity name
  - Last name = All remaining words/names in the business entity name.
    - If there is no second word/name, then just the entity type will go here (LLC, Inc., etc.)
    - If you run out of room, you can shift portions of the name into the First Name field as needed.
  - Phone = The phone number of the individual submitting to a background check on behalf of the business

**ADDRESS**

\* Country: UNITED STATES ▼

\* Address Line 1:

Address Line 2:

\* Zip Code:

\* City:

\* State: INDIANA ▼

- To enter a business, please follow the below steps:
  - Address Lines = Principal Office Address
  - Zip Code = Principal Office Address
  - City= Principal Office Address
  - State = Principal Office Address

DEALER NAME	ADDRESS	ACTION			
NO RECORDS TO VIEW.					
<input type="radio"/> Yes <input checked="" type="radio"/> No Has this person had a dealer license suspended or revoked or had an application for a dealer license denied in this or any other state?					
<input type="radio"/> Yes <input checked="" type="radio"/> No Primary Owner? Only one (1) Owner can be designated as Primary.					
<input type="radio"/> Yes <input checked="" type="radio"/> No Print on License? You can select up to three(3) Owners to print on the license.					
<input type="button" value="Add Owner"/> <input type="button" value="Cancel"/>					
PRINT ON LICENSEE	PRIMARY	NAME	TITLE	ADDRESS	ACTION
NO RECORDS TO VIEW.					



- o The person that is designated as the Primary Owner should be the individual to control access to the dealership's online portal.
- o The Primary Owner will not need to be responsible for the day-to-day management of the online portal. The Primary Owner will have a chance to delegate authority to Administrators once the account has been set-up.

# Service of Process + Insurance

**SERVICE OF PROCESS (SOP)**

State the name and address (must be within Indiana) of the person upon whom legal services of process may be made.

Owner:

\* Name:

\* Title / Relationship to Applicant:

\* Phone:  Ext:

\* Address Line 1:

Address Line 2:

\* Zip Code:

\* City:


State:


- If you have a Registered Agent, that is who you should list here.
- If you do not have a Registered Agent please provide the name and information of someone who can accept legal service on the dealership's behalf.

### INSURANCE DETAILS

\* Name of Insurance Carrier or Risk Retention Group:

\* Policy Number:

\* Effective Date:  

\* Date of Expiration:  

- You will upload proof of insurance at the end of the application process.
- **Insurance**
  - o Make sure the insured's name and address match the dealer name and address provided on your application and your signage.
  - o The "Certificate Holder" section of the Certificate of Liability must read:  
Indiana Secretary of State's Office  
Auto Dealer Services Division  
302 W. Washington St., Room E-111  
Indianapolis, IN 46204

# Dealership Information

**QUESTIONS**

Describe the type and extent of your business, including the situation in which your business has a need for transport operator plates. You may attach additional sheets, if necessary: \*

**TYPE OF VEHICLES TRANSPORTED**

Check all that apply.

Passenger Cars       Recreational Vehicles       Trailers       Other

Trucks       Motorcycles       Disposable Trailer

- Please describe your business operation and indicate the type of vehicles you will be transporting.

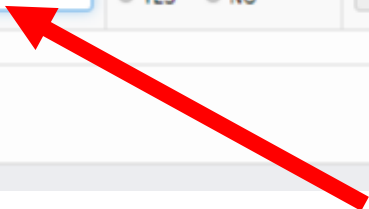


### ANTICIPATED HOURS OF OPERATION

DAY OF WEEK	FROM HOURS	TO HOURS	
<input type="checkbox"/> MONDAY	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> BY APPOINTMENT
<input type="checkbox"/> TUESDAY	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> BY APPOINTMENT
<input type="checkbox"/> WEDNESDAY	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> BY APPOINTMENT
<input type="checkbox"/> THURSDAY	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> BY APPOINTMENT
<input type="checkbox"/> FRIDAY	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> BY APPOINTMENT
<input type="checkbox"/> SATURDAY	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> BY APPOINTMENT
<input type="checkbox"/> SUNDAY	<input type="text"/>	<input type="text"/>	<input type="checkbox"/> BY APPOINTMENT

# Dealer Plates

DEALER PLATES						
VEHICLE TYPE	DEALER PLATES REQUESTED?	HOW MANY DEALER PLATES?	MDC STICKER	INTERIM PLATES REQUESTED?	HOW MANY INTERIM PLATES?	ACTIONS
-SELECT- ▼	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="text"/>	<input type="text"/>	<input type="radio"/> YES <input checked="" type="radio"/> NO	<input type="text"/>	<input type="button" value="Add"/> <input type="button" value="Cancel"/>



- Select TRANSPORT OPERATOR from the drop down list for Vehicle Type.
- Select YES to the question Dealer Plates Requested? and input the number of plates you are requesting. Please note that Transport Operator Plates will be issues as an identical set of two (2) plates.
- Select "Add." You can modify your request by clicking on the notepad and pencil icon and delete it by clicking on the trash can icon.
- You will be invoiced for plates after your application has been approved.

## USAGE INFORMATION

Expected number of Units to be transported in the  
next 12 months:

Expected number of drivers in the next 12 months:

This information is used by our examiners to determine your plate limits.

# Signature

The screenshot shows a web application interface for a license application. The title bar reads "LICENSE APPLICATION - AFFIRMATION" and includes a "LOGOUT" button with a shopping cart icon. A progress bar at the top indicates the current step is "AFFIRMATION", with other steps including INFORMATION, DEALER, BUSINESS ENTITY, OWNER, SOP|INSURANCE|BOND, DEALERSHIP INFORMATION, DEALER PLATES, and DOCUMENTS. The main content area is titled "AFFIRMATION" and contains a text box with the following text: "I hereby certify, under the penalty of perjury, that I am authorized to make this application and that the answers and information contained in this application are true and correct." Below this text are two required input fields: "\* Application prepared by:" and "\* Title:". At the bottom of the form, there are three buttons: "Cancel", "Save as Draft", and "Save and Continue". A vertical sidebar on the left contains navigation icons for "MY DASHBOARD", "ONLINE SERVICES", "MY PROFILE", "FIND MY DEALER LICENSES", "FORMS", and "CONTACT US".

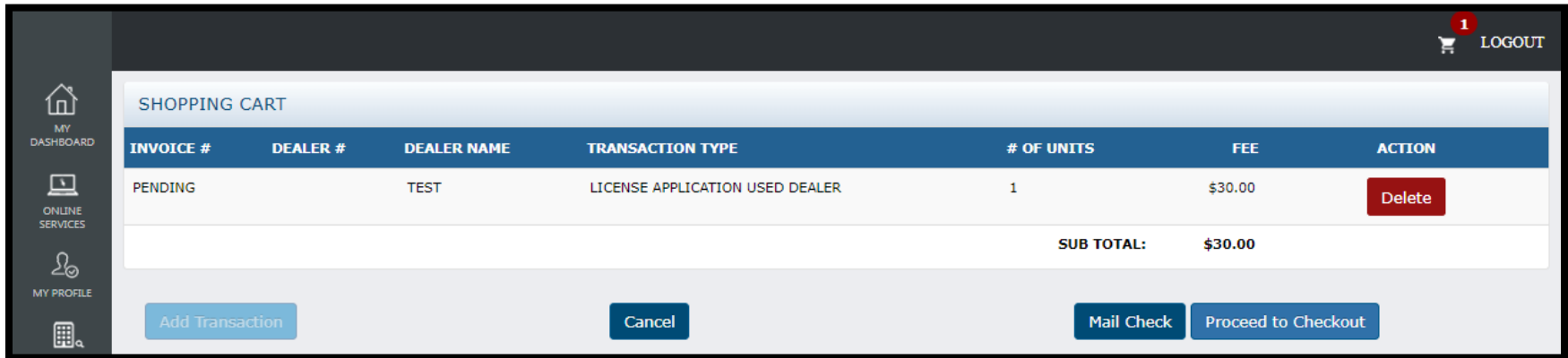
- You can jump back to any spot in the application to verify everything is correct.
- The required documents still need to be attached before the application is submitted to our office.

# Required Documents

REQUIRED DOCUMENTS		
DOCUMENT TYPE	DOCUMENT	ACTIONS
BUSINESS ORGANIZATION DOCUMENT	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
CERTIFICATE OF ASSUMED NAME	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
CERTIFICATE OF EXISTENCE	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
INSURANCE CERTIFICATE	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>
OWNER ID	<input type="button" value="Choose File"/> No file chosen	<input type="button" value="Upload"/>

- Additional documents and photos can be uploaded here.
- You must select "Upload" to attach the document to the application. Click "Submit" or "Save as Draft" if you wish to save your work, but are not ready to submit.
  - Please note you must include a copy of the front AND back of a current government-issued photo ID of each owner/manager listed on the application submitted.

# Submitting and Tracking Your Application



The screenshot shows a web application interface for a shopping cart. On the left is a vertical navigation menu with icons for 'MY DASHBOARD', 'ONLINE SERVICES', and 'MY PROFILE'. The main content area is titled 'SHOPPING CART' and contains a table with the following data:

INVOICE #	DEALER #	DEALER NAME	TRANSACTION TYPE	# OF UNITS	FEE	ACTION
PENDING		TEST	LICENSE APPLICATION USED DEALER	1	\$30.00	Delete
SUB TOTAL:					\$30.00	

At the bottom of the cart area, there are four buttons: 'Add Transaction', 'Cancel', 'Mail Check', and 'Proceed to Checkout'. In the top right corner, there is a shopping cart icon with a red notification bubble containing the number '1' and a 'LOGOUT' link.

- After you submit your application, you will be routed to this page
- You can pay online using a credit/debit card or e-check
- You also have the option of mailing a check. If you select this option please note the following:
  - o We will not begin processing your application until we have received the check.
  - o Please include a note indicating what the check is for. We will return the payment (further delaying your application processing) if we cannot determine what the check is for.

RECENT TRANSACTIONS <span style="float: right;"><a href="#">View All</a></span>					
DEALER #	DEALER NAME	TRANSACTION TYPE	STATUS	WORK ORDER #	DATE
<a href="#">TBD</a>	TEST	LICENSE APPLICATION USED DEALER	RECEIVED	2019181620-001	10/22/2019

You can track the status of your application by viewing the Recent Transactions box on MY DASHBOARD.

Once your application is submitted, a Licensing and Compliance Clerk will review application for completeness and be in contact regarding any deficiencies. Once deemed “complete,” the clerk will forward the application to a Field Examiner who will more closely scrutinize the number of plates requested. If approved by an examiner, the application will be forwarded back to the clerk for formal application approval. Once approved, a plate invoice will be generated and available for payment from your dashboard.