



Indiana Bureau of Motor Vehicles
 P.O. Box 7169
 Indianapolis, Indiana 46207-7169
 (317) 233-6000
www.mybmv.IN.gov

FINANCIAL RESPONSIBILITY VERIFICATION

Date of notice <mm/dd/yyyy>

JOHN DOE
 100 N. FIRST STREET
 MARION, IN 00000

Driver's License: xxxx-xx-0000
 Expiration Date: mm/dd/yyyy

The Court noted below convicted you of the traffic offense listed. Therefore, Indiana law requires you to show proof that you had financial responsibility for the motor vehicle involved. You must have the insurance company, bond company, or surety that provided this financial responsibility complete the Certificate of Compliance form below and mail it to the Bureau of Motor Vehicles (BMV). If the BMV does not receive the Certificate of Compliance by <mm/dd/yyyy>, Indiana law requires the BMV to suspend your driver's license, vehicle registration, or both. You should allow seven to ten days for the BMV to process the Certificate of Compliance.

Court:

<Name of Court>
 <Street address>
 <City and state>
 <Court's telephone number>

Traffic offense:

Court case number: <Court case number>
 Traffic offense: <Name of the traffic offense>
 Date of the violation: <mm/dd/yyyy>

Certificate of Compliance

Please detach this Certificate of Compliance before giving it to the insurer who provided financial responsibility for the motor vehicle. Mail the completed certificate to the following address: Indiana Bureau of Motor Vehicles, P.O. Box 7169, Indianapolis, IN 46207-7169.

Driver's name _____	Policy identification number _____
Driver's license number _____	Policy effective date _____
Vehicle owner's name _____	Policy expiration date _____
Vehicle's year, make, and model _____	Limits of the policy coverage _____
_____	_____
Date for which the proof of insurance is required _____	The policy covers: Vehicle owner ___ Operator ___ Both ___
Name and address of insurance company, bond company, or surety. If self-insured, identify the organization to which the BMV issued the certificate of self-insurance. _____ _____ _____	The policy period must cover the date for which the proof of insurance is required.
_____	Agent's signature _____
_____	Agent's title _____
_____	Date of agent's signature _____
If self-insured, list the date the BMV issued the certificate of self-insurance _____	Agent's telephone number _____

Affidavit

The BMV requires you to submit this Affidavit form only if (1) your employer owned the vehicle you were driving and you were working in the normal course of your employment; or (2) the vehicle you were driving was rented from a rental company under a rental agreement of 30 days or less. You must have your employer or the rental company complete and mail the Affidavit to the following address: Indiana Bureau of Motor Vehicles, P.O. Box 7169, Indianapolis, IN 46207-7169. The BMV must receive the Affidavit by <mm/dd/yyyy>

I, _____ ("Affiant"), swear or affirm under penalty of perjury as follows:

1. On (Date (mm/dd/yyyy)) _____, (Name of driver) _____, driver's license number _____, drove a vehicle that the following company owned, where I, the Affiant, am employed: (Company name) _____, (Company address (number and street, city, state, and ZIP code)) _____, (Company telephone number) _____.

2. On (Date (mm/dd/yyyy)) _____, that vehicle was either (1) driven in the normal course of (Name of driver) _____'s employment for the company I listed above; or (2) rented from that company under a rental agreement of 30 days or less.

 Signature of representative of employer or rental company

 Telephone number



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 100 N. FIRST STREET
 MARION, IN 00000

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 Expiration Date: mm/dd/yyyy

The Bureau of Motor Vehicles (BMV) received notice that you operated a motor vehicle that was in an accident on <mm/dd/yyyy>. Therefore, Indiana law requires you to show proof that you had financial responsibility for the motor vehicle involved. You must have the insurance company, bond company, or surety that provided this financial responsibility complete the Certificate of Compliance form below and mail it to the BMV. If the BMV does not receive the Certificate of Compliance by <mm/dd/yyyy>, Indiana law requires the BMV to suspend your driver's license, vehicle registration, or both. You should allow seven to ten days for the BMV to process the Certificate of Compliance.

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Driver's name _____	Policy identification number _____
Driver's license number _____	Policy effective date _____
Vehicle owner's name _____	Policy expiration date _____
Vehicle's year, make, and model _____	Limits of the policy coverage _____
_____	_____
Date for which the proof of insurance is required _____	The policy covers: Vehicle owner ___ Operator ___ Both ___
Name and address of insurance company, bond company, or surety. If self-insured, identify the organization to which the BMV issued the certificate of self-insurance. _____ _____ _____	The policy period must cover the date for which the proof of insurance is required.
_____	Agent's signature _____
_____	Agent's title _____
_____	Date of agent's signature _____
If self-insured, list the date the BMV issued the certificate of self-insurance _____	Agent's telephone number _____

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