AFFIDAVIT OF ELIGIBILITY
FOR
MUNICIPALLY OWNED LICENSE PLATES

STATE OF INDIANA)
COUNTY OF_____) SS:_____

_____
Organization/Agency Name

_____
Address **Phone Number**

Swears and affirms under penalty of perjury that the above named agency qualifies for Municipally Owned License Plates having vehicles owned, or leased and used for official business pursuant to IC 9-18-3-1 by the following means:

_____ **1. The State**

_____ **2. A municipal corporation (as defined in IC 36-1-2-10)**

_____ **3. A volunteer fire company (as defined in IC 36-8-12-2)**

_____ **4. A volunteer emergency ambulance service that:**

A. meets the requirements of IC 16-31; and

B. has only members that serve for no compensation or a nominal annual compensation of not more than three thousand five hundred dollars ($3,500).

_____ **5. A rehabilitation center funded under IC 12-12**

_____ **6. A community action agency IC 12-14-23**

_____ **7. An area agency of aging and the aged (IC 12-10-1-6) and a county council on aging that is funded through an area agency**

_____ **8. A community mental health center (as defined in IC 12-29-2)**

State board of accounts
Identification #_____

_____
Signed

Federal Identification #_____

_____
Printed Name

_____
Date

_____
Title