



E-Lien Provider Application

This application is for review purposes only. Please complete and submit the E-lien Provider Application found on in.gov/BMV if you are interested in participating in the program.

1. Legal Business Name:

2. Address (Physical Location):

City:

State:

Zip Code:

3. Mailing Address (if different than above):

City:

State:

Zip Code:

4. Main Contact Name:

5. Phone Number:

6. Email Address:

7. Website:

8. Federal EIN:

9. State of Incorporation:

10. Is the company registered with the Indiana Secretary of State? Yes No

If you indicated yes to question 10, please provide your Business ID.

11. As part of this application, you are required to review the Program Requirements document and will be required to execute all onboarding, technical, and business requirements outlined to participate in the Indiana BMV e-lien program.

Have you reviewed and can execute all Program Requirements? Yes No

12. Have you been an established business for five (5) years or more? Yes No

13. Have you provided E-lien services for three (3) years or more? Yes No

If you indicated *no* to question 13, please provide a summary of your qualifications to provide E-lien services.

14. Please upload a copy of the company's most recent financial statements compiled by an independent accounting firm. If these are not available, explain why, and include an internal income statement and balance sheet, or other applicable financial documents or information, for each of the two most recently completed fiscal years.

15. The State of Indiana requires the Applicant and its subcontractors (if any) are required to keep all Insurance outlined in Section 28. Insurance in the ELT Boilerplate Contract.

Please indicate if you have reviewed and can comply with Insurance requirements. Yes No

16. Has the applicant held, or does it currently hold, any contracts with the State of Indiana? Yes No

If you indicated yes to question 16, please provide a list of contracts you have held or currently hold with the State of Indiana.

17. As part of this application you are required to upload a SOC 2 Type 2 audit from an independent third-party auditing firm conducted in the last 12 months covering trust services criteria for Security, Accountability, Processing Integrity, Confidentiality and Privacy.

Provider must provide an evaluation meeting the requirements stated above at the time of application. The initial evaluation must have been completed within twelve (12) months of making this application. Any deficiencies detected in the initial evaluation may be cause to deny an application to become a Provider.

18. Do you utilize or plan to utilize a subcontractor as part of your e-lien business model with the State of Indiana?
 Yes No

If yes, the SOC 2 Type 2 audit outlined in question 17 must also be uploaded for all subcontractors.

19. Applicant and its subcontractors (if any) are required to execute a Non-Disclosure Agreement with the State of Indiana to receive current data/information security policies from the Indiana Department of Technology (IOT) and BMV to which adherence is required.

Please indicate if you have executed the Non-Disclosure Agreement and completed review of the data/information security policies. Yes No

Signature of Applicant

Date

End of Application

REVIEW PURPOSES ONLY