



# CERTIFICATE OF COMPLIANCE

State Form 48469 (R5 / 3-05)

BUREAU OF MOTOR VEHICLES  
100 North Senate Avenue  
Indianapolis, IN 46204  
Telephone number: (317) 233-6000

Name of insured	Name of driver	
Policy effective date (month, day, year)	Policy expiration date (month, day, year)	
Date proof of insurance required	Policy number	
Name of insurance company	Driver license or accident number	
Vehicle description (year, make)	Last six (6) digits of vehicle identification number	
Policy coverage <input type="checkbox"/> owner <input type="checkbox"/> operator <input type="checkbox"/> both		
Signature of agent / title	Date (month, day, year)	Agent's telephone number (    )

## AFFIDAVIT - COMPLETE FOR COMPANY OR RENTAL VEHICLES ONLY

I, \_\_\_\_\_ ("AFFIANT"), STATE UNDER PENALTY OF PERJURY AS FOLLOWS:

1. AFFIANT IS EMPLOYED WITH OR VEHICLE RENTED FROM: (*Company name, address and telephone number*)

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2. ON THE DATE PROOF OF INSURANCE IS REQUIRED (*AS A RESULT OF AN ACCIDENT OR OFFENSE*) AS SHOWN ABOVE, THE ABOVE LISTED DRIVER EITHER: (A) RENTED THE ABOVE LISTED VEHICLE FROM THE COMPANY UNDER A RENTAL AGREEMENT OF THIRTY (30) DAYS OR LESS; OR (B) OPERATED THE ABOVE LISTED VEHICLE WHICH IS OWNED BY THE COMPANY, IN THE NORMAL COURSE OR DRIVER'S EMPLOYMENT.

\_\_\_\_\_ (    )  
 SIGNATURE                      DATE                      COMPANY TELEPHONE NUMBER

**FRAUDULENT SIGNATURE WILL RESULT IN THE SUSPENSION OF YOUR DRIVING PRIVILEGES!**

**PLEASE ALLOW 7-10 WORKING DAYS TO PROCESS COMPLIANCE OR AFFIDAVIT**