STATE OF INDIANA

Eric J. Holcomb, Governor | Peter L. Lacy, Commissioner

SALVAGE MOTOR VEHICLE
Title Application Checklist

A salvage title is required for motor vehicles manufactured within the last seven model years that have been wrecked or damaged. When requested, a salvage title may be issued for a vehicle over seven model years old.

Salvage title applications are processed by BMV Central Office. Prior to submitting each application, verify all required information is included. Contact (888) 692-6841 with any questions.

When submitting paperwork, include the following:

- ☐ Application for Certificate of Title for a Vehicle – State Form 205
- ☐ Salvage Title Affidavit - State Form 49891
- ☐ Certificate of title
  - o If the certificate of title is issued by a state other than Indiana, a completed Physical Inspection of a Vehicle or Watercraft – State Form 39530 must be provided.
- ☐ Proof of the date of loss provided by the insurance company (if owner of the salvage vehicle is retaining possession of the salvage vehicle)
- ☐ $4.00 salvage title application fee. If salvage vehicle is transferring ownership, include 7% sales tax of the purchase price. If ownership is being maintained, or if exempt from sales tax, include an ST108E – Certificate of Gross Retail or Use Tax Exemption – State Form 44841.

  - A new purchaser, transferee, or owner of the salvage vehicle must apply for a certificate of salvage title within 45 days after the salvage vehicle is purchased or otherwise acquired.
  - If the owner of the salvage vehicle retains possession of the salvage vehicle, the owner must apply for a certificate of salvage title not later than 45 days after the settlement of loss with the insurance company.

  This packet must be received within the 45 days, or an administrative penalty of $10.00 is due. Payable by MasterCard or Visa, check, electronic check, or money order.

For your convenience, the required forms are included with this checklist. The forms are also available at myBMV.com. Mail the completed packet to:

Indiana Bureau of Motor Vehicles
Central Office Title Processing
100 North Senate Avenue, Room N411
Indianapolis, IN 46204

If the BMV determines that sufficient credible evidence exists to substantiate the applicant's claim of ownership, a title will be issued. **If all required documents are not submitted or information is incomplete, the entire application will be returned.**

Please include this checklist with your application.

APPLICATION FOR CERTIFICATE OF TITLE FOR A VEHICLE

State Form 205 (R9 / 7-16)
Approved by State Board of Accounts, 2016
INDIANA BUREAU OF MOTOR VEHICLES

*This agency is requesting disclosure of your Social Security Number / Federal Identification Number in accordance with IC 4-1-8-1; disclosure is mandatory, and this record cannot be processed without it.

To be completed by a police officer, BMV official, or BMV certified dealer signee for out-of-state titles. I hereby certify that I personally examined the following vehicle and find the identification number to be as follows.

Vehicle Identification Number

Year	Make	Model	Type	Date *(mm/dd/yyyy)*

Inspector's Printed Name and Title	City

Inspector's Signature	Badge, Branch, or Dealer Plate Number

I swear and affirm that I am authorized to perform this transaction, and I agree to indemnify and hold harmless the Indiana BMV from any and all liability arising from this transaction.

I swear and affirm that the information that I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury.

Applicant Signature: _____

Printed Name: _____

Applicant Signature: _____

Printed Name: _____

Date *(mm/dd/yyyy)*: _____

Transaction Number	Branch Number	Invoice Number	BMV Use Only

Social Security Number / Federal Identification Number *	Name of Applicant	BMV Use Only

Residence Address *(number and street)*	City	State	ZIP Code

Vehicle Identification Number	Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Type	Odometer

Former Title Number	Purchase Date *(mm/dd/yyyy)*	Lien *(Y/N)*	Speed *(Y/N)*	Dealer Number	BMV Use Only

Holder of First Lien, Mortgage, or Other Encumbrance / Special Mailing Address	Mailing Address *(number and street)*

City	State	ZIP Code	BMV Use Only

Holder of Second Lien, Mortgage, or Other Encumbrance	Mailing Address *(number and street)*

City	State	ZIP Code	License Number	License Year	Forms Used	BMV Use Only

Gross Retail and Use Tax Affidavit – I/We hereby certify that sales or use tax on this vehicle was paid as indicated below.

Selling Price	Less Trade-In / Discount	Amount Subject to Tax	Amount of Tax	Dealer	Branch	Exempt	Exemption Code
$	$	$	$				

INSTRUCTIONS: Use the following instructions to assist with completion of the application.

Sign and date on top right signature line.

Line 1: BMV use only

Line 2: Enter the name(s) and Social Security Number or Federal Identification Number of the owner(s).

Line 3: Enter the residence address of the owner(s).

Line 4: Enter the VIN, Year, Make, Model, Odometer (if applicable), and Vehicle Type (examples include: 2S (2 door sedan), 4S (4 door sedan), CN (convertible), CP (coupe), 2W (2 door wagon), 4W (4 door wagon), VA (van), TK (truck), MC (motorcycle), TR (trailer), SE (semitrailer), TC (semi tractor), RV (recreational vehicle, including motor home and travel trailer), MH (manufactured/ mobile home), AT (all-terrain), and LS (low speed).

Line 5: Enter former title number and purchase date, and indicate if there is a lien by entering Y (yes) or N (no). If a speed title is requested, enter Y (yes) and include an additional $25 with the application.

Line 6 - 9: Indicate lienholder name(s) and mailing address. If there is no lien, and you wish to have the title mailed to an address other than your current mailing address, enter a special mailing address on lines 6 and 7. Enter dealer license information (if applicable).

Line 10: Not required to be completed. However, appropriate tax form or payment must be included with the title application.

SALVAGE TITLE AFFIDAVIT

State Form 49891 (R / 5-13)
INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS:
1. *Complete in blue or black ink or print form.*
2. *A certificate of salvage title is required for a motor vehicle, motorcycle, semitrailer, pursuant to the requirements as outlined in Indiana Code §9-22-3.*

SECTION 1 - OWNER INFORMATION

Owner Name(s) *(last, first, middle initial or company name)*			
Legal Address *(number and street)*	City	State	ZIP Code

SECTION 2 – INSURANCE COMPANY INFORMATION

(if applicable)

Company Name	Agent Name		
Address *(number and street)*	City	State	ZIP Code

SECTION 3 - VEHICLE INFORMATION

Vehicle Identification Number

Vehicle Year	Vehicle Make	Vehicle Model

Date Vehicle Salvaged *(mm/dd/yyyy)*	Reason

SECTION 4 – AFFIRMATION STATEMENT

I hereby request the Indiana Bureau of Motor Vehicles to issue a salvage title for the above mentioned vehicle. I certify that the vehicle meets the salvage title requirements of Indiana Code §9-22-3-11.

I swear or affirm that the information I have entered on this form is true and correct. I understand that making a false statement may constitute the crime of perjury. I agree to indemnify and hold harmless the Indiana Bureau of Motor Vehicles from any liability arising from this transaction.

Signature of Owner	Printed Name	Date Signed *(mm/dd/yyyy)*

Payment Information

Pay by:

- ☐ *Check or money order*
- ☐ *Credit Card (MasterCard or Visa)*
- ☐ *Electronic check*

I hereby authorize the Indiana Bureau of Motor Vehicles to charge the credit card indicated below:

Type of card: ☐ *MasterCard* ☐ *Visa*

*Name of cardholder:*_____

*Account Number:*_____

*Expiration Date:*_____

I hereby authorize the Indiana Bureau of Motor Vehicles to charge the checking account indicated below:

Routing Number	*Account Number*