PRIOR TO FILING WITH THE CLERK'S OFFICE. ALL STEPS MUST BE COMPLETED

YOU (not the Clerk staff) will have to perform the necessary work to obtain your title. For your help and to guide you through the process, the Court has attached some sample forms and information sheets for your review. **PLEASE DO NOT ASK THE CLERK, CLERK STAFF, OR JUDGE TO ISSUE LEGAL GUIDANCE TO YOU.** ONLY AN ATTORNEY CAN PROVIDE THIS EXPERTISE. IF YOU ARE WITHOUT COUNSEL, YOUR PETITIONS WILL BE HELD TO THE SAME STANDARD AS AN ATTORNEY.

STEP 1 – REQUEST FOR CERTIFIED RECORDS – Form #53789

Fill out State Form 53789 completely. Make sure to sign and date, check the affirmation and record the case/cause number at the bottom of page two (2).

You will need to mail in $4.00 and this form to:

Indiana Bureau of Motor Vehicles
Attn.: Records Request
100 N. Senate Ave., Rm N412
Indianapolis, IN 46204

You will receive back your report in approximately in 2 to 4 weeks. Depending on the results of this report, there may be an additional process. The Clerk's office will notify you of this. You will need to submit this report to the Franklin County Clerk at the time of filing

STEP 2 – Additional Required Forms

1. Title inquiry paperwork received from Indiana Bureau of Motor Vehicles.
2. Bill of Sale or other document showing ownership
3. Physical Inspection of Vehicle or Watercraft form filled out by law enforcement (39530)

STEP 3 – CLERK'S OFFICE REQUIREMENTS

1) Complete the two (2) page Request form.
   a) Make sure to print legibly.
   b) **MUST** bring 2 copies
   c) Filing fee will be $232.00. Payment will be expected at time of filing. We accept cash, cashier check, money order and credit card with a convenience fee added. **We WILL NOT accept a personal check.**

2) Fill out Order for Judge to approve.

3) **ALL COMPLETED paperwork from Step 2**

TURN INTO THE CLERK'S OFFICE ROOM 104 TO BE FILED.
CLERK'S OFFICE HOURS: MONDAY – FRIDAY 8:30AM – 4:00PM
LUNCH FROM 12:00PM – 1:00PM

PLEASE DO NOT ASK THE CLERK, CLERK STAFF, OR JUDGE TO ISSUE LEGAL GUIDANCE TO YOU. WE ARE NOT ATTORNEY'S

Reset Form

REQUEST FOR CERTIFIED RECORDS

State Form 53789 (R13 / 11-24)
Approved by State Board of Accounts, 2018
Bureau of Motor Vehicles

BUREAU OF MOTOR VEHICLES
Attn: Records Request
100 N. Senate Ave., Rm N412
Indianapolis, IN 46204
888-692-6841

The legal authority for this form is I.C. 9-14-13-7.

INSTRUCTIONS:
1. *Complete in blue or black ink or type.*
2. *Complete all five (5) steps when requesting records. If any of the steps are not completed, the request will be returned.*
   - *STEP 1 - Complete applicable information.*
   - *STEP 2 - Complete as many identifiers as possible.*
   - *STEP 3 - Check **ONE** box unless requesting a juvenile history. Attach one form for each record requested.*
   - *STEP 4 - Indicate which exception authorizes you to receive protected information, as well as your intended use.*
   - *STEP 5 - Calculate the total payment amount, sign, and date the form.*
3. *Include payment with completed form, by money order, cashier's check, or business check, made out to the Indiana BMV. **ONLY individuals who have an INDIANA BMV record may write a personal check payable to the Bureau of Motor Vehicles. Personal checks from customers who do not have an Indiana BMV record cannot be accepted.***
4. *Mail the completed form along with payment to the address indicated above.*
5. *Please allow two (2) to four (4) weeks to process this request.*

The Indiana Bureau of Motor Vehicles (BMV) maintains driver, vehicle, and other records available to the public unless protected by statute (Indiana Code § 5-14-3-1 *et. seq*). Certain information contained in a BMV record may not be disclosed except as authorized by Indiana Code. Recipients of BMV records containing personal or highly restricted personal information must follow state and federal privacy laws regarding document usage, distribution, and retention. Many BMV public records are immediately available through subscription at IN.gov. Individuals can access their own driver and vehicle records online at myBMV.com.

STEP 1: *Complete your information.*

Name of Person or Business (*first name, middle name, last name*)	Telephone Number	E-mail Address

Mailing Address (*number and street, city, state, and ZIP code*)

Last 4 Digits of Social Security Number	Last 4 Digits of I-94 Admission Number (*if applicable*)	Federal Identification Number of Business (*Used for security purposes only.*)
XXX-XX-_____	XXXXXXX_____	_____ - _____

STEP 2: *Complete the appropriate fields either for driver or vehicle records. (Include as many identifiers as possible.)*

Driver Records

Name of Driver (*first name, middle name, last name*)		Driver's License Number, *if known*
Last 4 Digits of Driver's Social Security Number, *if known.* XXX-XX- _____	Last 4 Digits of Record of Admission number (I-94), *if applicable* XXXXXXX_____	Driver's Date of Birth (*mm/dd/yyyy*), *if known.*

Last Known Indiana Mailing Address (*number and street, city, state and ZIP code*)

Vehicle Records

Last Known Vehicle Owner Name (*first name, middle name, last name*)

Vehicle / Watercraft Year	Vehicle / Watercraft Make	Vehicle / Watercraft Model	Title Number

Vehicle / Watercraft Identification Number																	

Name of Registrant (*first name, middle name, last name*)	Vehicle Plate or Watercraft Registration Number

Registrant's Last Known Indiana Mailing Address (*number and street, city, state, and ZIP code*)

STEP 3: *Check the type of record you are requesting.*

- ☐ **Certified Driver Record ($4.00 fee per Indiana Code § 9-14-12-7)**
- ☐ **Certified Driver History (includes document copies of suspension notices and citations)($8.00 fee per Indiana Code § 9-14-12-7)** Documents requested: _____
- ☐ **Proof of Insurance *(Specify vehicle make and date of accident.)*** _____
- ☐ **Certified Vehicle/Watercraft Title Inquiry ($4.00 fee per Indiana Code § 9-14-12-7) –** Information regarding **CURRENT** owner including any liens, year, make, model, and VIN/HIN, odometer reading and vehicle/watercraft purchase date.
- ☐ **Certified Vehicle/Watercraft Title History ($8.00 fee per Indiana Code § 9-14-12-7) –** Information regarding **ALL** previous Indiana vehicle owners for the past ten (10) years, or the previous five (5) years if no changes were made to the title during that five (5) year period.
- ☐ **Certified Vehicle/Watercraft Registration Inquiry ($4.00 fee per Indiana Code § 9-14-12-7) -** Information regarding **CURRENT** registrant, county and township of registration, registration fees and taxes paid, purchase date, year, make, model, VIN/HIN, insurance information, type, color and plate or watercraft registration number or license type with expiration date.
- ☐ **Certified Vehicle/Watercraft Registration History ($4.00 fee per Indiana Code § 9-14-12-7) –** Information regarding a **PREVIOUS REGISTRATION** within the last four (4) years.

BILL OF SALE

State Form 44237 (R6 / 12-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-17-2-4.

INSTRUCTIONS: 1. Complete in blue or black ink or print form.

VEHICLE OR WATERCRAFT INFORMATION

Vehicle or Hull Identification Number																

Year	Make	Model

Overall Length of Vessel *(Watercraft only)*	State of Principal Operation *(Watercraft only)*	Registration Number *(If applicable, watercraft only)*	Date of Issuance *(mm/dd/yyyy)* *(Watercraft only)*

Propulsion Type *(Please check one, watercraft only)*

☐ Air Thrust ☐ Manual ☐ Propeller ☐ Sail ☐ Water Jet ☐ Other

SALE INFORMATION

Purchase Price	Date of Sale *(mm/dd/yyyy)*

I do hereby sell, transfer and convey all rights for the above vehicle / watercraft to the purchaser in consideration of the sale payment amount. I certify that the vehicle / watercraft is not subject to any liens that are the responsibility of the seller.

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

Signature of Seller	Date *(mm/dd/yyyy)*

Printed Name of Seller *(last, first, middle initial or company name)*

Signature of Seller	Date *(mm/dd/yyyy)*

Printed Name of Seller *(last, first, middle initial or company name)*

Address of Seller *(number and street)*

City	State	ZIP Code

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

I understand that this Bill of Sale may serve as a temporary certificate of number for a watercraft. This temporary certificate of number is valid for a period of time not to exceed forty-five (45) days from the date of sale contained within this form.

Signature of Purchaser	Date *(mm/dd/yyyy)*

Printed Name of Purchaser *(last, first, middle initial or company name)*

Signature of Purchaser	Date *(mm/dd/yyyy)*

Printed Name of Purchaser *(last, first, middle initial or company name)*

Address of Purchaser *(number and street)*

City	State	ZIP Code

PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R9 / 9-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-17-2-12 and IC 9-17-4.

BUREAU OF MOTOR VEHICLES
100 N. Senate Avenue, Room N440
Indianapolis, IN 46204
(888) 692-6841
www.bmv.in.gov

INSTRUCTIONS:

1. *Approved inspector must complete information in blue or black ink or print form.*
2. *The vehicle identification number (VIN) or hull identification number (HIN) must be inspected to verify the existence and condition of the number. An ownership document is not required to be submitted for inspection.*
3. *Inspections may be performed by an employee of a dealer licensed under IC 9-32, a military policeman assigned to a military post in Indiana, a police officer, a designated employee of the BMV, an employee of a qualified person operating under a contract with the commission, or an employee of a dealer that is licensed as a motor vehicle dealer in a state other than Indiana and approved by the bureau.*
4. *Police officers completing this form may charge a fee of not more than $5.00 for this inspection under IC 9-17-2-12.*

OWNER INFORMATION

Name *(last, first, middle initial or company name)*

Address *(number and street)*

City	State	ZIP Code

VEHICLE OR WATERCRAFT INFORMATION

☐ Identification Number ☐ **NONE** *(Select if no identification number found.)*

Year	Make	Model	Type	Plate Number / State	Watercraft Registration Number, if applicable

For assembled vehicles or watercraft include serial numbers for major component parts if present:

Engine / Motor	Transmission
Body Chassis	Front Assembly
Rear Clip	Frame

Other *(specify)*:

***IDACS / NCIC Check** *(Required if form is completed by a police officer)*

Date Check Performed *(mm/dd/yyyy)*	Comments

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

Signature of Inspector	Printed Name	Title	Date *(mm/dd/yyyy)*

Badge/ Branch/ Dealer Number	Police Department / Branch / Dealership	City	State	ZIP Code

Telephone Number	E-mail

IN THE Franklin Circuit COURT
STATE OF INDIANA

IN RE: THE MATTER OF	)	
A VEHICLE TITLE REQUEST	)	CASE NO. _____
FOR_____	)	
Year Make	)	
	)	
_____	)	
Model	)	

VERIFIED REQUEST FOR AN ORDER REQUIRING THE INDIANA BUREAU OF MOTOR VEHICLES TO ISSUE A TITLE

The petitioner requests that the Court issue an order to the Indiana Bureau of Motor Vehicles to issue a certificate of title for the following vehicle and in support of said request states as follows:

1. Petitioner's Information:

   Petitioner's full name: _____

   Petitioner's address: _____

   County of Residence: _____

   Indiana Driver License Number: _____

2. Vehicle Description:

   Year of Vehicle: _____

   Make of Vehicle: _____

   Model of Vehicle: _____

   VIN Number: _____

   Estimated Value: _____

   Present Location of Vehicle: _____

3. Previous Owner (Seller of Vehicle) Information:

   Name: _____

   Address: _____

4. Describe the circumstances how you acquired or came into possession of the vehicle:

_____

_____

_____.

5. Describe the efforts you made to obtain a title and why you cannot obtain a title for the vehicle:_____

_____

_____.

6. I am the owner of the above-described vehicle.

7. There are no liens against the above-described vehicle.

8. I am filing a completed **Title Inquiry from the Indiana Bureau of Motor Vehicles**

9. I am filing the following completed forms:

    a. **Bill of Sale or other document showing ownership** and

    b. **Affidavit of Police Officer Physical Inspection.**

I AFFIRM UNDER THE PENALTIES FOR PERJURY THAT THE FOREGOING REPRESENTATIONS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

Dated:_____ Signature:_____

Printed:_____

Email Address:_____

IN THE FRANKLIN CIRCUIT COURT
STATE OF INDIANA

IN RE: THE MATTER OF)
A VEHICLE TITLE REQUEST) CASE NO. _____
FOR_____)
Year Make)
)
_____)
Model

ORDER TO INDIANA BUREAU OF MOTOR VEHICLES TO ISSUE A MOTOR VEHICLE TITLE

The petitioner files his/her Verified Request for an Oder Requiring the Indiana Bureau of Motor Vehicles to Issue a Title. The Court, having examined said request and having heard evidence, now FINDS AND ORDERS

1. _____ is the owner of a _____(Year)

_____(Make)_____(Model)

With VIN #_____

2. The Indiana Bureau of Motor Vehicles shall issue a title to _____

For said motor vehicle.

3. The Petitioner shall provide all information and complete all forms required by the Indiana Bureau of Motor Vehicles for the issuance of a title.

SO ORDERED THIS _____ day of _____, 20___.

Recommended: _____

Approved: _____

FRANKLIN CIRCUIT COURT

Distribution: Petitioner

Step 4 – Mailing Completed Forms To Indiana Bureau Of Motor Vehicles

Per the BMV:

Court ordered Title Applications/Orders will not be accepted at ANY LOCAL BMV OFFICES. All new title applications must be sent to the BMV CENTRAL OFFICE.

Follow the **COURT ORDER TITLE CHECKLIST** to properly submit your title request to the Central Office Title Processing. Prior to submitting each application, please verify that all required information is included. Contact the BMV at (888) 692-6841 with any questions.

Mail the completed packet to:

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

You must include the checklist with your application.

COURT ORDER

Title Application Checklist

If you are unable to establish ownership through any one of the available BMV title application processes, you must obtain a court order. Once you have received the court order, you may apply for a certificate of title through the BMV.

Applications for a certificate of title for a vehicle or watercraft using the court order process are processed by the BMV Central Office. Prior to submitting each application, verify that 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 or Application for a Certificate of Watercraft Title – State Form 38529
- ☐ Court Order. The order must establish ownership, provide the VIN, direct the BMV to issue a certificate of title to the owner, and contain the signature of the judge and court seal or stamp, and the address of person(s) who is entitled to ownership of the vehicle. The order must be error free. Erasures or altered orders will not be accepted.
- ☐ Physical Inspection of a Vehicle or Watercraft – State Form 39530 completed by law enforcement or an employee of a BMV license branch. If the VIN/HIN on the inspection does not match the VIN/HIN on the court order, a corrected court order will be required before the transaction can be processed.
- ☐ Odometer Disclosure Statement – State Form 43230. May be completed by the court appointed owner. All trailers and motor vehicles weighing over 16,000 pounds are exempt.
- ☐ Mobile Home Permit – State Form 7878 (if a manufactured home). Must be completed by the County Treasurer.
- ☐ One proof of address. A driver's license or identification card may be accepted as proof if the address on the credential is correct. If the address is not correct, any document from the approved BMV documentation list that is dated within the last 60 days may be used as proof. To view the approved documentation list, click on the link provided or visit myBMV.com
- ☐ Collection of Payment Information- State Form 56163. Submit payment for the following vehicle or watercraft (as applicable) title application fees and taxes. Payable by MasterCard or Visa, check, electronic check, or money order.
  - ☐ $15 vehicle title application fee.
    - $30 additional administrative penalty will be assessed if the title application packet is not received within 45 days after the file stamp date on the court order.
  - ☐ $25 speed title fee. This optional fee is in addition to the $15 title application fee. Paying the optional speed title fee ensures that the title is processed in a period of time that is substantially shorter than the normal processing period.
  - ☐ If you are transferring ownership of the vehicle or watercraft, include 7% sales tax of the dollar amount listed in the court order or on the bill of sale/purchase agreement. If you are exempt from paying sales tax, include ST108E –Certificate of Gross Retail Use Tax or Exemption – State Form 48841.
    - If no information is available to determine the purchase price, include a bill of sale or Affidavit of Missing Title Information - State Form 56620 with the purchase price listed or sales tax will assessed based on the NADA fair market value of the vehicle or watercraft.

- ☐ Vehicle color_____(List color on line)
- ☐ Vehicle fuel type (select one):
  - ☐ Gasoline ☐ Diesel ☐ Hybrid
  - ☐ Electric ☐ Other

For your convenience, the required forms are hyperlinked in this checklist. The forms are also available at https://www.in.gov/bmv/titles/title-forms/. Mail this checklist and all completed forms 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 (R12 / 8-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-17.

*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.
*A certificate of title issued by the Indiana Bureau of Motor Vehicles may be possessed in either printed or electronic form. IC 9-17-2-4(d).

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 or 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 or 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/yy)*	Lien *(Y/N)*	Speed *(Y/N)*	Dealer Number	BMV Use Only

Electronic Lien and Title (ELT) identification number	Holder of First Lien, Mortgage, or Other Encumbrance / Special Mailing Address

Mailing Address *(number and street)*	City	State	ZIP Code	BMV Use Only

Electronic Lien and Title (ELT) identification number	Holder of Second Lien, Mortgage, or Other Encumbrance

Mailing Address *(number and street)*	City	State	ZIP Code	BMV Use Only

License Number	License Year	Forms Used

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
$	$	$	$				

APPLICATION FOR CERTIFICATE OF WATERCRAFT TITLE

State Form 38529 (R11 / 8-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-17.

* 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.
* This agency is requesting disclosure of your Driver's License Number and Date of Birth in accordance with 33 CFR 174.17; disclosure is mandatory, and this record cannot be processed without it.
* A certificate of title issued by the Indiana Bureau of Motor Vehicles may be possessed in either printed or electronic form. IC 9-17-2-4(d).

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 watercraft and find the identification number to be as follows.

Hull Identification Number

Year	Make	Registration Number	Date *(mm/dd/yyyy)*

Inspector's Printed Name and Title	City
Inspector's Signature	**Badge, Branch, or Dealer Plate Number**

I swear or 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 or 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

Registration Number	Former Title Number	Purchase Date *(mm/dd/yyyy)*	Make

Series or Model	Hull Identification Number	Length	Year	Hull Type

Watercraft Type	Watercraft Use	Propulsion Type	Fuel Type

Social Security Number / Federal Identification Number *	Driver's License Number *	Date of Birth *(mm/dd/yyyy)* *	Horsepower	Applicant's County of Residence

Name of Applicant	Street Address *(number and street)*

City	State	ZIP Code

Electronic Lien and Title (ELT) identification number	Holder of First Lien, Mortgage, or Other Encumbrance / Special Mailing Address

Mailing Address *(number and street)*	City	State	ZIP Code	BMV Use Only

Electronic Lien and Title (ELT) identification number	Holder of Second Lien, Mortgage, or Other Encumbrance

Mailing Address *(number and street)*	City	State	ZIP Code	Dealer Number

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

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

Reset Form

ODOMETER DISCLOSURE STATEMENT

State Form 43230 (R4 / 8-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-17-2-6; IC 9-18.1-3-1 and 49 CFR 580.

INSTRUCTIONS:
1. *In accordance with federal and state law, the seller of a motor vehicle must disclose the current mileage to a purchaser in writing upon transfer of ownership. The disclosure must be signed by the seller, including the printed name. If more than one person is a seller, only one seller is required to sign the written disclosure.*
2. *The purchaser must sign the disclosure statement, including printed name and address, and return a copy to the seller.*
3. *Complete this form in its entirety, in blue or black ink.*

Federal and State law requires that you state the mileage upon transfer of ownership. Failure to complete or providing a false statement may result in fines, imprisonment, or both.

I, _____ **residing at:**
Printed name(s) of Seller(s)

certify to the best of my knowledge that the

Address of Seller(s) *(number and street, city, state, and ZIP code)*

odometer reading is the actual mileage of the vehicle described below unless one of the following statements is checked:

Miles *(no tenths)*

☐ 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits.

☐ 2. I hereby certify that the odometer reading is NOT the actual mileage and should not be relied upon. WARNING - ODOMETER DISCREPANCY.

Vehicle Make	Vehicle Model	Vehicle Year	Vehicle Body Type

Vehicle Identification Number (VIN)	Transfer Date *(month, day, year)*

I will not hold the Bureau of Motor Vehicles or the Bureau of Motor Vehicles Commission responsible for any discrepancy shown on the odometer reading. I, the undersigned, swear or affirm that the information entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.

Signature(s) of Seller(s)	Date *(month, day, year)*

PURCHASER'S INFORMATION

I am aware of and acknowledge the above odometer certification made by the seller(s).

Signature(s) of Purchaser(s)	Date *(month, day, year)*

Printed Name(s) of Purchaser(s)

Address of Purchaser(s) *(number and street)*

City	State	ZIP Code

MANUFACTURED (MOBILE) HOME PERMIT

State Form 7878 (R9 / 3-20)
Prescribed by the Department of Local Government Finance

Type of mobile home permit:
☐ Section A - For Moving ☐ Section B - Transferring Title *(NOTE: Separate permits required if owner intends to both move and transfer title.)*

INSTRUCTIONS:

1. *A mobile home may not be moved from one location to another unless the owner obtains a permit to move the mobile home from the county treasurer.*
2. *The Bureau of Motor Vehicles may not transfer the title to a mobile home or change names in any manner on the title to a mobile home unless the owner obtains a permit to transfer the title from the county treasurer. (IC 6-1.1-7-10)*
3. *A county treasurer shall issue a permit which is required to either move, or transfer the title to a mobile home if the taxes, special assessments, interest, penalties, judgments, and costs that are due and payable on the mobile home have been paid. The permit shall state the date it is issued. The treasurer must issue the permit not later than two (2) business days (excluding weekends and holidays) after the date the treasurer receives a completed permit application. (IC 6-1.1-7-10)*
4. *A mobile home owner who sells the mobile home to another shall provide the purchaser with the permit required before the sale is consummated. This obligation does not apply to a mobile home offered for sale at an auction under IC 9-22-1.5 or IC 9-22-1.7. (IC 6-1.1-7-10.4) A person who violates this commits a Class C infraction. (IC 6-1.1-7-14)*
5. *A mobile home owner must present a copy of this permit to the Bureau of Motor Vehicles when applying for title transfer. If the mobile home is to be moved, a separate permit must be requested prior to moving.*
6. *A Form 1 (Notice of Placing of Mobile Home Upon Land or Lot) must be filed with the assessor within thirty (30) days after the date of placement of the mobile home (IC 6-1.1-7-3)*
7. *The requirement to obtain a permit to move or transfer title to a mobile home does not apply to a mobile home that is offered for sale at auction under IC 9-22-1.5, IC 9-22-1.7, or IC 6-1.1-23.5 for the transfer resulting from the auction. (IC 6-1.1-7-10(a))*
8. *Documentation provided by person requesting this permit (IC 6-1.1-7-10(d))* ☐ *State Issued Title* ☐ *Court Order* ☐ *BMV Affidavit of Sale or Disposal*

NOTE: A permit to move or transfer title to a mobile home expires ninety (90) days after the date the county treasurer issues it. When the permit expires, it becomes invalid and the owner must obtain a new permit.

ATTENTION: MOVER, HAULER, OR TOWER
A person who is engaged to move a mobile home may not provide that service unless the owner presents him with a permit to move the mobile home and the permit is dated not more than ninety (90) days before the date of the proposed move. The mover shall visibly display the permit while the mobile home is in transit. The mover must return the permit to the owner of the mobile home when the move is completed. IC 6-1.1-7-11

Name of owner's agent, if there is an agent acting on the owner's behalf	Agent's telephone number ( )

SECTION A - MOVING PERMIT

Name of owner			Date of issuance of permit *(month, day, year)*
Address *(number and street, city, state, and ZIP code)*			Date permit expires *(ninety (90) days after issuance)*
Make of mobile home	Year	Dimension	Vehicle identification number
Address of present location *(number and street, city, state, and ZIP code)*			Affected parcel number
Address of new location *(number and street, city, state, and ZIP code)*			Contact telephone number ( )

SECTION B - TITLE TRANSFER PERMIT

Name of owner		Previous owner's telephone number ( )	New owner's telephone number ( )
Address of owner *(number and street, city, state, and ZIP code)*			Date of issuance of permit *(month, day, year)*
Address of location of mobile home *(number and street, city, state, and ZIP code)*			Date permit expires *(ninety (90) days after date of issuance)*
Make of mobile home	Year	Dimension	Vehicle identification number
Name of purchaser		Sale price	Affected parcel number
Address of purchaser *(number and street, city, state, and ZIP code)*			Is purchaser moving this mobile home? ☐ Yes ☐ No

CERTIFICATION OF COUNTY TREASURER

The application to move or transfer title (*as indicated above*) of above described mobile home has been reviewed with the records in this office and I hereby certify that all taxes due on the mobile home have been paid.

Signature of County Treasurer	County	Date signed *(month, day, year)*

DISTRIBUTION: Original - Owner of Mobile Home, Copy - County Treasurer, Copy - County Assessor or Township Assessor, if any

COLLECTION OF PAYMENT INFORMATION

State Form 56163 (R3 / 8-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 5-27-3-1

BUREAU OF MOTOR VEHICLES
Central Office Finance
100 N. Senate Avenue, Room N440
Indianapolis, IN 46204
(888) 692-6841

INSTRUCTIONS:

1. *Complete in blue or black ink or print form.*
2. *Enter the amount to be charged and the payment type information in Section 2. Payment may be made by Visa, MasterCard, Discover, or electronic check. If enclosing a check, money order, cashier's check, or certified check, this form is not required.*
3. *Mail this form to the address that is specified on the application being submitted and for which you are making payment.*
4. *This form will be destroyed immediately after payment has been processed.*

SECTION 1 - ACCOUNT HOLDER INFORMATION

Account Holder (*first, middle, last name or company name*)	Driver's License Number or Federal Identification Number	Telephone Number

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

SECTION 2 - PAYMENT INFORMATION

Amount to be Charged: $ _____ . _____	Description of the service / application to which the payment is related

CREDIT CARD PAYMENT

Type of Credit Card: ☐ Visa ☐ MasterCard ☐ Discover

Credit Card Number: _____ - _____ - _____ - _____	Expiration Date (*mm/yy*): _____ / _____

ELECTRONIC CHECK PAYMENT

Routing Number

Account Number

SECTION 3 - AFFIRMATION STATEMENT

I hereby authorize the Indiana Bureau of Motor Vehicles to charge the account indicated above.

Signature of Account Holder / Authorized User	Printed Name	Date Signed (*mm/dd/yyyy*)

Form
ST-108E
State Form 48841
(R6 / 5-23)

Indiana Department of Revenue

Certificate of Gross Retail or Use Tax EXEMPTION for the Purchase of a Motor Vehicle or Watercraft

NAME OF DEALER	Dealer's Registered Retail Merchant Certificate (RRMC) Number TID (10 digits) - LOC (3 digits)		
Dealer's Federal Employer Identification Number (FEIN) (9 digits)	Dealer's License Number (7 digits)		
Address of Dealer	City	State	ZIP Code
NAME OF PURCHASER(S) (PRINT OR TYPE)	SSN, TID, or FEIN **(Mandatory)**		
Address of Purchaser	City	State	ZIP Code

Vehicles Identification Information of Purchase

Vehicle Identification Number (VIN) or Hull Identification Number (HIN)	Year	Make	Model/Length

Calculation of Purchase Price

Calculation of Purchase Price lines 1, 2, and 3 must be completed for all exempted purchases.

1. Total Purchase Price	1.	
2. Trade-Allowance (Like-kind exchanges only)	2.	
3. Net Purchase Price (Line 1 minus Line 2)	3.	

Trade-In Information

Vehicle Identification Number (VIN) or Hull Identification Number (HIN)	Year	Make	Model/Length

New Resident Statement - Must be completed if Exemption 8 is claimed (see reverse side).

I certify that I became a resident of INDIANA on (mm/dd/yyyy) _____.

My previous State of Residence was _____. I hereby certify that the above statement is true and correct.

Date _____ Signature of Owner _____

Sales/Use Tax Worksheet - To be completed if Sales and/or Use Tax was paid to a state other than Indiana, Exemption 15. See reverse side.

Date of Purchase:

1. Purchase price of property subject to sales/use tax	1.	
2. Indiana sales/use tax due: Multiply Line 1 by sales/use tax percentage (7%)	2.	
3. Credit for sales tax previously paid to another state (Do not include flat fees, local, and/or excise taxes.) In what state was the tax paid? _____	3.	
4. Total amount due: Subtract Line 3 from Line 2 (Line 3 can not exceed Line 2)	4.	

Direct Relative Identification Exemption - Must be completed if Exemption 11 is claimed (see reverse side).

Name(s) on original title _____ Relationship of above parties _____

Name(s) being added/deleted _____

Public Transportation Exemption - Must be completed if Exemption 6 is claimed and you are not a school bus operator.

U.S. Department of Transportation (USDOT) Number _____

I certify that the above vehicle or watercraft is exempt from sales/use tax under exemption number _____ (enter the corresponding exemption number from the reverse side). I also certify that any sales tax credit shown as paid to an out of state dealer using Exemption 15 was actually collected by the dealer and the dealer has not provided the buyer with a check to be paid to the BMV. I understand that making a false statement on this form may constitute the crime of perjury.

Date _____ **Signature of Purchaser** _____

AFFIDAVIT OF MISSING TITLE INFORMATION

State Form 56620 (R2 / 12-24)
INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-17.

BUREAU OF MOTOR VEHICLES
100 N. Senate Avenue, Rm N411
Indianapolis, IN 46204
(888) 692-6841
www.bmv.in.gov

INSTRUCTIONS:

1. *Complete in blue or black ink or print form. Copies may be accepted.*
2. *Use the form below to report information that is missing on a certificate of title or vehicle bill of sale in cases where purchaser cannot return to the seller to obtain it. This form may only be used if the seller is not a licensed car dealer.*
3. *The BMV reserves the right to forward all completed forms to Indiana Department of Revenue for review. The Indiana Department of Revenue may collect additional taxes.*

SECTION 1 - AFFIRMATION OF PURCHASER(S)

Purchaser(s) Name *(individual or company name)*

VEHICLE IDENTIFICATION NUMBER or HULL IDENTIFICATION NUMBER

Year	Make	Model

The following information was missing on the certificate of title or bill of sale for the vehicle indicated above. I hereby request that the Indiana Bureau of Motor Vehicles uses the information provided below.

☐ **Date of Sale is missing.**	☐ **Selling Price is missing.**
The correct Date of Sale is: _____ *(mm/dd/yyyy)*	**The correct Selling Price is: $**_____. ____

SIGNATURE

I swear or affirm that the information 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.

Purchaser Signature	Printed Name	Date *(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 indicatedbelow:

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*