STATE OF INDIANA

Michael R. Pence, Governor Kent A. Schroder, Commissioner

REQUEST FOR SPECIAL IDENTIFICATION NUMBER (MVIN) APPLICATION CHECKLIST

Special Identification Number applications for a vehicle are processed by BMV Central Office Title Processing to improve the security and efficiency of these transactions. Prior to submitting each application verify all required information is included. Contact (888) 692-6841 with any questions.

When submitting paperwork, include the following:

- ☐ Completed and signed Application for Special Identification Number – State Form 12907
- ☐ Proof of Ownership. Examples include: Certificate of Title, Certificate of Origin, Bill of Sale, etc. A General Affidavit is used when the vehicle is assembled from parts on hand and/or from parts that have been purchased (receipts required).
- ☐ Physical Inspection of a Vehicle or Watercraft – State Form 39530. Must be completed by a law enforcement officer. Inspection must be done on all major parts.
- ☐ One original side view picture of the entire vehicle. If the vehicle is a mobile home, a color picture of the front and the back view of the entire mobile home.
- ☐ Receipts from materials purchased, if applicable.
- ☐ $11.50 for the motor vehicle identification number (MVIN) application. Payable by credit card, check, electronic check, or money order. If the MVIN application is for a trailer, you may include an additional $16.75 for a 30-Day Permit which allows the operation of the trailer on public roadways while the application is in process.

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

Central Office Title Processing
100 North Senate Avenue, Room N417
Indianapolis, IN 46204

Note: Include this checklist on the top of your application with contact information provided below. <u>If all required documents are not submitted or information is incomplete the entire application will be returned.</u>

Print Name _____

Phone Number _____ Email (optional) _____

APPLICATION FOR SPECIAL IDENTIFICATION NUMBER – MOTOR VEHICLE OR WATERCRAFT

State Form 12907 (R5 / 10-12)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES
100 North Senate Avenue, N417
Indianapolis, IN 46204

INSTRUCTIONS:
1. *Complete in blue or black ink or print form.*
2. *Proof of ownership for vehicle or watercraft and/or parts must be submitted with the application.*
3. *VIN inspection, State Form 39530, must be completed by a law enforcement officer and submitted with the application.*
4. *Include a side view, color photograph of the entire vehicle or watercraft. For manufactured homes a photograph of the front and back of the home is required.*

APPLICANT INFORMATION

Name *(last, first, middle initial or company name)*	Driver's License or Federal Identification Number

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

VEHICLE OR WATERCRAFT INFORMATION

Original Identification Number *(include any numbers that remain or "none")*	Year	Make	Model

Vehicle or Watercraft Type	License Plate or Watercraft Registration Number *(if known)*	Length *(for watercraft, ft/in)*

From whom purchased (if applicable):

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

Reason for request:

☐ Identification Number not installed	Explain reason not installed
☐ Identification Number altered or defaced	Explain cause of alteration or defacement

☐ Privately Assembled Motor Vehicle	☐ Privately Assembled Watercraft

PRIVATELY ASSEMBLED VEHICLE OR WATERCRAFT

Check the major component parts used to assemble vehicle or watercraft.

☐ Engine/Motor	☐ Transmission
☐ Body Chassis	☐ Front Assembly
☐ Rear Clip	☐ Frame

Other *(please specify)*:

This application is submitted to request the Bureau of Motor Vehicles to issue a special identification number to the vehicle or watercraft described above. I certify that the above vehicle or watercraft conforms to applicable state and federal equipment and safety standards.

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

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

PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R5 / 12-11)
Approved by State Board of Accounts, 2011
INDIANA BUREAU OF MOTOR VEHICLES

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 designated by the Indiana Secretary of State, a military policeman assigned to a military post in Indiana, a police officer, or a designated employee of a BMV full or partial service license branch.*
4. *Police officers completing this form may not charge a fee of more than $5.00 for vehicles. No fee may be collected for watercraft inspections. Authorized Indiana dealers and BMV full or partial service license branches may not assess a fee.*
5. *Dealers may not perform watercraft inspections.*

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	ZIP Code
Telephone Number ( )	Email Address		

Reset Form

AFFIDAVIT

State Form 37964 (R2 / 10-05)
BUREAU OF MOTOR VEHICLES

STATE OF INDIANA

COUNTY OF _____ } **SS:**

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

Deposes and says upon his / her oath that:

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

Signature	Date (*month, day, year*)

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*														