All new title and registration applications for a school bus or special purpose bus are processed by BMV Central Office. Prior to submitting each application, verify the required information is included. Contact (888) 692-6841 with any questions.

When submitting paperwork, include the following:

**Title Application Requirements**

- ☐ Application for Certificate of Title for a Vehicle – State Form 205
- ☐ Proof of Ownership: manufacturer's certificate of origin or certificate of title
- ☐ Odometer statement completed on the ownership document or on an Odometer Disclosure Statement – State Form 43230. All motor vehicles over 16,000 pounds are exempt.
- ☐ Submit payment for the following vehicle title application fees and taxes. Payable by MasterCard or Visa, check, electronic check, or money order.
  - ☐ $15 title application fee
  - ☐ $30 additional administrative penalty will be assessed on a title application packet received 45 days after the purchase date.
  - ☐ $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 the vehicle is transferring ownership, include 7% sales tax of the purchase price or provide proof of sales tax paid on an ST108 - Certificate of Gross Retail or Use Tax Paid – State Form 48842. If exempt from sales tax, include an ST108E - Certificate of Gross Retail or Use Tax Exemption – State Form 48841.
- ☐ Vehicle color: ____________________________ (List color on line)
- ☐ Vehicle fuel type (select one):
  - ☐ Gasoline
  - ☐ Diesel
  - ☐ Hybrid
  - ☐ Electric
  - ☐ Other

**Registration Application Requirements**

- ☐ Color of the bus and gross vehicle weight
- ☐ Insurance company name and policy number
- ☐ Proof of an approved Report of Bus Inspection completed by the Indiana State Police
- ☐ $16.35 registration fee
- ☐ $15.00 Transportation Infrastructure Fee

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/registration 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

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.

<table>
<thead>
<tr>
<th>Vehicle Identification Number</th>
<th>Make</th>
<th>Model</th>
<th>Type</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

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: ___________________________

Inspector’s Printed Name and Title
City

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

Date (mm/dd/yyyy): ___________________________

Transaction Number
Branch Number
Invoice Number

Social Security Number / Federal Identification Number *
Name of Applicant

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

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

City
State
ZIP Code

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

City
State
ZIP Code
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.

<table>
<thead>
<tr>
<th>Selling Price</th>
<th>Less Trade-In / Discount</th>
<th>Amount Subject to Tax</th>
<th>Amount of Tax</th>
<th>Dealer</th>
<th>Branch</th>
<th>Exempt</th>
<th>Exemption Code</th>
</tr>
</thead>
<tbody>
<tr>
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<td>$</td>
<td>$</td>
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</tr>
</tbody>
</table>
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: ___________________________, certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle described below unless one of the following statements is checked:

□ 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: ______________________
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, American Express, 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.

<table>
<thead>
<tr>
<th>SECTION 1 - ACCOUNT HOLDER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Holder (first, middle, last name or company name)</td>
</tr>
<tr>
<td>Billing Address (number and street)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 2 - PAYMENT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount to be Charged: $_______ . _____</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CREDIT CARD PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type of Credit Card:</td>
</tr>
<tr>
<td>Credit Card Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ELECTRONIC CHECK PAYMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routing Number</td>
</tr>
<tr>
<td>Account Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 3 - AFFIRMATION STATEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>I hereby authorize the Indiana Bureau of Motor Vehicles to charge the account indicated above.</td>
</tr>
<tr>
<td>Signature of Account Holder / Authorized User</td>
</tr>
</tbody>
</table>