



STATE OF INDIANA

Eric J. Holcomb, Governor

Peter L. Lacy, Commissioner

CERTIFICATE OF AUTHORITY (Request to Junk a Vehicle without a Certificate of Title)

Application Checklist

A person who owns a vehicle that has a certificate of title that is faulty, lost or destroyed, or who is the possessor of an abandoned vehicle, may apply to the BMV for authority to sell, give away, or dispose of the vehicle for scrap metal without applying for a new certificate of title.

When submitting paperwork, include the following:

- [Certificate of Authority – Disposal of a Motor Vehicle – State Form 55018](#)
- Proof of ownership (i.e. current registration, insurance settlement)
- If the vehicle is abandoned, you must meet the requirements of Indiana Code 9-22.** This consists of proof of delivery of a certified letter or a certificate of mailing if the vehicle is worth under \$1,000 to the vehicle owner and lienholder (if applicable). A copy of the certified letter/ mailing must be submitted with this application.
- Proof of lien release (if there is a lien against the vehicle).
- \$4.00 application fee. 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, an approved [Certificate of Authority – Disposal of a Motor Vehicle – State Form 55018](#) will be mailed back to the applicant which must be presented to the automotive salvage recycler, or other appropriate facility when disposing of the vehicle. **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 AUTHORITY - DISPOSAL OF A VEHICLE

State Form 55018 (R2 / 7-16)
Approved by State Board of Accounts, 2016
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES

100 North Senate Avenue
Room N411
Indianapolis, IN 46204

- INSTRUCTIONS:**
1. Complete in blue or black ink, or print form.
 2. An approved application will be returned to the applicant at the mailing address provided below. Approval is valid for six (6) months from the approval date.
 3. The completed application, supporting documentation, and the application fee, which is charged in accordance with Indiana Code 9-22-5-3, must be mailed to the address printed in the top-right hand corner of this form.

SECTION 1 - APPLICANT INFORMATION									
Name of Applicant(s) (first, middle, last, or company name)									
Mailing Address (number and street)					City			State	ZIP Code
County		Telephone Number (required) ()			Email Address (optional)				
SECTION 2 - VEHICLE INFORMATION									
Vehicle Identification Number									
Vehicle Year		Vehicle Make		Vehicle Model		Vehicle Type		Vehicle Color	
Reason for Request:	<input type="checkbox"/> Abandoned Vehicle			<input type="checkbox"/> Certificate of Title is faulty, lost or destroyed					
<p>Include a detailed statement regarding the reason a certificate of title is unavailable, explain how the vehicle came into your possession (if applicable), and provide the reasons for disposal of the vehicle. Attach additional sheets if necessary.</p> <p>-----</p> <p>-----</p>									
<p>I swear and affirm under the penalties for perjury that the information I have entered on this form is true and correct and that no material fact has been withheld. I understand that making a false statement may constitute the crime of perjury.</p>									
Signature of Applicant				Printed Name			Date Signed (mm/dd/yyyy)		
Signature of Applicant				Printed Name			Date Signed (mm/dd/yyyy)		
SECTION 3 – BMV USE ONLY									
<p>The applicant is approved to sell this vehicle to a licensed automotive salvage recycler for scrap metal. The licensed automotive salvage recycler shall accept this Certificate of Authority in place of a certificate of title to the vehicle.</p>									
<div style="border: 2px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>BMV SEAL</p> </div>									
Designee of Indiana Bureau of Motor Vehicles Commissioner				Printed Name			Date Approved (mm/dd/yyyy)		
SECTION 4 – AUTOMOTIVE SALVAGE RECYCLER USE ONLY									
<p>Complete below and return this form to the BMV after destroying or dismantling the vehicle. Mail to: PO Box 100, Winchester, IN 47394</p> <p><i>*After delivery of this Certificate to the BMV, a certificate of title may not be issued for the motor vehicle described above.</i></p>									
<p>I hereby certify that this vehicle was destroyed or dismantled and should be recorded as 'JUNK' in BMV records. I swear and affirm under the penalties for perjury that this statement is correct. I understand making a false statement may constitute the crime of perjury.</p>									
Name of Company							Dealer Number		
Street Address (number and street)				City		State	ZIP Code		
Signature of Representative				Printed Name			Date Signed (mm/dd/yyyy)		



COLLECTION OF PAYMENT INFORMATION

State Form 56163 (R / 9-18)
INDIANA BUREAU OF MOTOR VEHICLES

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, 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.

SECTION 1 - ACCOUNT HOLDER INFORMATION			
Name of Account Holder (first, middle, last, or company name)		Driver's License Number (DLN) 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: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover <input type="checkbox"/> American Express			
Credit Card Number: _____ - _____ - _____ - _____		Expiration Date (mm/yy): ____ / ____	
Electronic Check Payment			
Routing Number:			
Account Number:			
SECTION 4 - 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)