



STATE OF INDIANA

Eric J. Holcomb, Governor

Peter L. Lacy, Commissioner

Labor, Materials, Storage or Repair Work Mechanic's Lien Title Application Checklist

A person engaged in the business of storing, furnishing supplies for, providing towing services for, or repairing vehicles shall obtain the name and address of the owner of a vehicle that was left in the custody of the person for storage, furnishing of supplies, or repairs at the time the vehicle is left.

When submitting paperwork, include the following:

- Application for Certificate of Title for a Vehicle – State Form 205
- [Mechanic's Lien Bill of Sale – State Form 23104](#). This form must contain the auction company/auctioneer name, signature, and license number.
- A letter mailed by certified mail to the last known address of all vehicle owners and lienholders of record. The letter must notify all owners and lienholders of record that the vehicle will be sold at public auction on a specified date to satisfy the mechanic's lien. **Proof of delivery of the certified letter(s) and a copy of the letter(s) must be submitted.** The letter must contain:
 - The name, address, and telephone number of the towing service;
 - Notice that storage charges are being accrued and the vehicle is subject to sale if the vehicle is not claimed and the charges are not paid; and
 - The earliest possible date and location of the public sale or auction.
- Proof the vehicle was advertised for sale in a newspaper. The advertisement must be placed in a newspaper that is printed in English and of general circulation in the city or town in which the holder of the mechanic's lien place of business is located. The advertisement must contain at least the following information: (1) A description of the vehicle, including make, year, and VIN; (2) Amount of unpaid charges; (3) time, place, and date of sale. Proof of advertisement may include a certificate from the newspaper company verifying the vehicle was advertised **and** a copy of the newspaper article.
- [Physical Inspection of a Vehicle or Watercraft – State Form 39530](#). This form must be completed by an Indiana law enforcement officer. If the vehicle does not have a VIN, or the VIN has been altered or defaced, you must include the [Request for Special Identification Number – MVIN Application Packet](#).
- [Odometer Disclosure Statement – State Form 43230](#). Mileage will be branded "Not Actual." All trailers and motor vehicles weighting over 16,000 pounds are exempt.
- One proof of address. A driver's license or identification card may be accepted as proof.
- 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.
 - A \$30 additional administrative penalty will be assessed on a title application packet received 45 days after the purchase date.
 - 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](#).
 - Optional \$25 speed title fee. This optional fee is in addition to the \$15 title application fee. Paying this fee ensures that the title is processed in a period of time that is substantially shorter than the normal processing period.
- Vehicle color: _____ (List color on line)

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.				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.							
Vehicle Identification Number				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.							
Year	Make	Model	Type	Date (mm/dd/yyyy)							
Inspector's Printed Name and Title			City								
Inspector's Signature		Badge, Branch, or Dealer Plate Number									
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.



MECHANIC'S LIEN BILL OF SALE

State Form 23104 (R6 / 7-16)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES

100 North Senate Avenue, N411
Indianapolis, IN 46204

* This agency is requesting disclosure of your Social Security number / Federal Identification number for accuracy of records in accordance with IC 4-1-8; disclosure is voluntary and you will not be penalized for refusal.

- INSTRUCTIONS:**
1. Complete in blue or black ink, or print form.
 2. Seller must complete this form in its entirety and deliver to the purchaser of a vehicle in accordance with Indiana Code 9-22 in order for purchaser to obtain a certificate of title.
 3. A certificate or affidavit of publication from the newspaper verifying the vehicle was advertised for sale at public auction must be submitted with this form. The vehicle may not be sold before fifteen (15) days after the date of the advertisement.
 4. Proof of the mechanic's lien notice to owner and lienholder (if applicable) must be provided with this form.

SECTION 1 - SELLER INFORMATION

Person who holds the mechanic's lien

Name of Seller (first, middle, last, or company name)				*Social Security Number or Federal Identification Number (optional)			
Address of Seller's Residence (number and street)			City		State	ZIP Code	

SECTION 2 - OWNER / VEHICLE INFORMATION

Name of Owner(s) (first, middle, last, or company name)								
Last Known Address of Owner's Residence (number and street)				City		State	ZIP Code	
Vehicle Identification Number			Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Type	Vehicle Color	License Plate Number

SECTION 3 - LIEN INFORMATION

Eligible Lien Type: (required)		The charges and costs against the vehicle are as follows:			
<input type="checkbox"/> Labor, Materials, Storage, or Repair Work Lien (Mechanic's lien) <input type="checkbox"/> Abandoned Vehicle Lien		Repair Work – Labor \$	Materials \$	Storage \$	Total \$
Date Vehicle Left in Seller's Custody (mm/dd/yyyy)	Newspaper Name			Advertisement Date (mm/dd/yyyy)	
Auction Company/Auctioneer Name	Signature			Auction Company/Auctioneer License Number	

I swear and affirm under penalties for perjury that I am the Seller of the Vehicle identified on this form, and I affirm that the following is true and correct:

1. The Owner requested that the Vehicle be repaired or stored and/or the Vehicle has been abandoned.
2. The Vehicle was left in the Seller's custody and the Owner failed or refused to claim the Vehicle within thirty (30) days.
3. The Owner was notified by certified mail that the Vehicle would be sold at public auction to satisfy the above charges.
4. The Vehicle was advertised for sale at a public auction.

Signature of Seller	Printed Name	Date Signed (mm/dd/yyyy)
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SECTION 4 - PURCHASER INFORMATION

Name of Purchaser(s) (first, middle, last, or company name)				* Social Security Number or Federal Identification Number (optional)			
Address of Purchaser's Residence (number and street)			City		State	ZIP Code	
Date of Sale (mm/dd/yyyy)			Purchase Price \$				

I swear and affirm under the penalties for perjury 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 Purchaser	Printed Name	Date Signed (mm/dd/yyyy)
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PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R6 / 11-17)

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 a BMV license branch, or a designated employee of a BMV full or partial service provider.
 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. This fee is not collected by the Bureau of Motor Vehicles and should not be submitted with this form. The police officer completing this form will advise the Owner of the amount of the fee, if any, and the method by which it should be paid.

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.)

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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		



ODOMETER DISCLOSURE STATEMENT

State Form 43230 (R3 / 5-13)
INDIANA BUREAU OF MOTOR VEHICLES

- 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)
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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)
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Printed Name(s) of Purchaser(s)

Address of Purchaser(s) (number and street)

City	State	ZIP Code
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COLLECTION OF PAYMENT INFORMATION

State Form 56163 (7-17)
Approved by State Board of Accounts, 2017
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, 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 (<i>first, middle, last, or company name</i>)		Driver's License Number (DLN) or Federal Identification Number	Telephone Number
Billing Address (<i>number and street</i>)		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			
Credit Card Number: _____ - _____ - _____ - _____		Expiration Date (<i>mm/yy</i>): ____ / ____	
Electronic Check Payment:			
Routing Number:			
Account Number:			
SECTION 4 - AFFIRMATION STATEMENT			
I hereby authorize the Indiana Bureau of Motor Vehicles to charge the credit card or the electronic check information in the amount provided above.			
Signature of Account Holder / Authorized User		Printed Name	Date Signed (<i>mm/dd/yyyy</i>)