



STATE OF INDIANA

Eric J. Holcomb, Governor

Peter L. Lacy, Commissioner

SALVAGE MOTOR VEHICLE Title Application Checklist

A salvage title is required for motor vehicles manufactured within the last seven model years that have been wrecked or damaged. When requested, a salvage title may be issued for a vehicle over seven model years old.

Salvage title applications are processed by BMV Central Office. Prior to submitting each application, verify 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
- [Salvage Title Affidavit - State Form 49891](#)
- Certificate of title
 - If the certificate of title is issued by a state other than Indiana, a completed [Physical Inspection of a Vehicle or Watercraft – State Form 39530](#) must be provided.
- Proof of the date of settlement provided by the insurance company (if owner of the salvage vehicle is retaining possession of the salvage vehicle)
- Submit payment for the following vehicle title application fees and taxes. Payable by MasterCard or Visa, check, electronic check, or money order.
 - \$4 salvage title application fee.
 - \$10 additional administrative penalty will be assessed on a title application packet received 45 days after the purchase date. If the owner of the salvage vehicle retains possession of the salvage vehicle, the owner must apply for a certificate of salvage title not later than 45 days after the settlement of loss with the insurance company.
 - \$25 speed title fee. This optional fee is in addition to the \$4 salvage 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 salvage 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 ownership is being maintained, or if exempt from sales tax, include an [ST108E – Certificate of Gross Retail or Use Tax Exemption – State Form 44841](#).
- 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 (R10 / 11-18)
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 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.									
Vehicle Identification Number					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.									
<table border="1"> <tr> <td>Year</td> <td>Make</td> <td>Model</td> <td>Type</td> <td>Date (mm/dd/yyyy)</td> </tr> </table>					Year	Make	Model	Type	Date (mm/dd/yyyy)	Applicant Signature: _____				
Year	Make	Model	Type	Date (mm/dd/yyyy)										
Inspector's Printed Name and Title					Printed Name: _____									
Inspector's Signature					Applicant Signature: _____									
Badge, Branch, or Dealer Plate Number					Printed Name: _____									
Transaction Number					Date (mm/dd/yyyy): _____									
Branch Number					Invoice Number									
Social Security Number / Federal Identification Number *					BMV Use Only									
Name of Applicant					State									
Residence Address (number and street)					City									
Vehicle Identification Number					ZIP Code									
Vehicle Year					Odometer									
Vehicle Make					Vehicle Model									
Vehicle Type					Former Title Number									
Purchase Date (mm/dd/yy)					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						



SALVAGE TITLE AFFIDAVIT

State Form 49891 (R3 / 2-19)
INDIANA BUREAU OF MOTOR VEHICLES

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

2. A certificate of salvage title is required for a motor vehicle, motorcycle, semitrailer, pursuant to the requirements as outlined in Indiana Code §9-22-3.

SECTION 1 - OWNER INFORMATION															
Owner Name(s) (last, first, middle initial or company name)															
Legal Address (number and street)								City			State		ZIP Code		
SECTION 2 - INSURANCE COMPANY INFORMATION (if applicable)															
Company Name								Agent Name							
Address (number and street)								City			State		ZIP Code		
SECTION 3 - VEHICLE INFORMATION															
Vehicle Identification Number															
Vehicle Year					Vehicle Make					Vehicle Model					
Date of Settlement (mm/dd/yyyy)					Reason										
SECTION 4 - AFFIRMATION STATEMENT															
I hereby request the Indiana Bureau of Motor Vehicles to issue a salvage title for the above mentioned vehicle. I certify that the vehicle meets the salvage title requirements of Indiana Code §9-22-3.															
I swear or affirm that the information I have 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.															
Signature of Owner						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)