



STATE OF INDIANA

Eric Holcomb, Governor

Peter L. Lacy, Commissioner

SPECIAL IDENTIFICATION NUMBER – HIN Watercraft Application Checklist

All watercraft in Indiana must have a hull identification number (HIN) stamped or attached to the watercraft if operated on Indiana waterways. If the watercraft does not have a HIN, is assembled, or the HIN is changed, then an Application for Special Identification Number – Vehicle or Watercraft – State Form 12907 must be completed.

Applications for a special identification number are processed by the 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 Special Identification Number – Vehicle or Watercraft – State Form 12907](#)
- Proof of Ownership: A manufacturer's certificate of origin, certificate of title, or court order. If no proof of ownership, submit the [Watercraft Ownership Affidavit – State Form 55100](#) or a bill of sale.
- [Physical Inspection of a Vehicle or Watercraft – State Form 39530](#) completed by a law enforcement. Inspection must be performed on all major parts.
- One original side view picture of the entire watercraft. Picture must be in color.
- Receipts from materials purchased, if applicable.
- \$10.00 special identification number (HIN) application fee. Payable 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 N417
Indianapolis, IN 46204**

If the BMV determines that sufficient credible evidence exists to substantiate the applicant's claim of ownership, a MVIN 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 SPECIAL IDENTIFICATION NUMBER – VEHICLE OR WATERCRAFT

State Form 12907 (R6 / 7-16)
Approved by State Board of Accounts, 2016
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES
100 North Senate Avenue, N417
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. Submit proof of ownership for vehicle or watercraft and/or parts along with the application.
 3. Submit a Physical Inspection of a Vehicle or Watercraft – State Form 39530 completed by a law enforcement officer along 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.
 5. Mail the completed application, supporting documentation, and the application fee, which is charged in accordance with Indiana Code 9-17-4-7, to the address shown in the top right hand corner of this form.

SECTION 1 - APPLICATION INFORMATION

| | | | |
|--|---|---|----------------|
| Name of Applicant (first middle, last, or company name) | | *Social Security Number or Federal Identification Number (optional) | |
| Address of Residence (number and street) | | City | State ZIP Code |
| Date Purchased or Otherwise Acquired (mm/dd/yyyy) | | | |
| Seller Information: | | | |
| Name of Seller (first, middle, last, or company name) | | | |
| Address of Seller (number and street) | | City | State ZIP Code |
| Reason for Request: (check one) | | | |
| <input type="checkbox"/> Identification Number not installed | Explain reason not installed | | |
| <input type="checkbox"/> Identification Number altered or defaced | Explain cause of alteration or defacement | | |
| <input type="checkbox"/> Privately Assembled Vehicle or Watercraft | | | |

SECTION 2 - 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 only) _____ feet / _____ inches | |
| List any distinguishing marks on the engine or body of the vehicle: | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

SECTION 3 - PRIVATELY ASSEMBLED VEHICLE OR WATERCRAFT

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

| | |
|---------------------------------------|---|
| <input type="checkbox"/> Engine/Motor | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Body Chassis | <input type="checkbox"/> Front Assembly |
| <input type="checkbox"/> Rear Clip | <input type="checkbox"/> 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 and affirm under the penalties for perjury 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) |
|-----------|--------------|--------------------------|



WATERCRAFT OWNERSHIP AFFIDAVIT

State Form 55100 (9-12)
Indiana Bureau of Motor Vehicles

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
 2. An applicant who is unable to present ownership documentation for a watercraft due to one of the reasons listed below may present this form to obtain a certificate of title and/or certificate of registration.
 3. All applicants claiming ownership must sign this affidavit.

| OWNER INFORMATION | | | |
|--|------|-------|----------|
| Owner's Name (last, first, middle initial or company name) | | | |
| Owner's Legal Address (number and street) | City | State | ZIP Code |
| Owner's Name (last, first, middle initial or company name) | | | |
| Owner's Legal Address (number and street) | City | State | ZIP Code |

| WATERCRAFT INFORMATION | | | | | | | | | | | | |
|--|--|----------------------------------|---------------------------------|---|-------------------------------------|-------------------------------------|--|---|--------------------------------|------|--|--|
| Hull Identification Number (HIN): (please enter in spaces below) | | | | | | | | Make | | Year | | |
| | | | | | | | | | | | | |
| Model Name and/or Number | | | | Length (feet and inches) | | | | Horsepower | | | | |
| Check Appropriate Box | Hull Material | | | Boat Type | | | | | Propulsion | | | |
| | <input type="checkbox"/> Aluminum | <input type="checkbox"/> Wood | | <input type="checkbox"/> Runabout | <input type="checkbox"/> Airboat | <input type="checkbox"/> Hydrofoil | <input type="checkbox"/> Outboard | <input type="checkbox"/> Auxiliary Sail | | | | |
| | <input type="checkbox"/> Fiberglass | <input type="checkbox"/> Plastic | | <input type="checkbox"/> Sailboat | <input type="checkbox"/> Commercial | <input type="checkbox"/> Hydroplane | <input type="checkbox"/> Inboard | <input type="checkbox"/> Water Jet | | | | |
| | <input type="checkbox"/> Steel | <input type="checkbox"/> Other | | <input type="checkbox"/> Pontoon | <input type="checkbox"/> Cruiser | <input type="checkbox"/> Jet-Ski | <input type="checkbox"/> Sail | <input type="checkbox"/> Manual | <input type="checkbox"/> Other | | | |
| | | | | <input type="checkbox"/> Houseboat | <input type="checkbox"/> Hovercraft | <input type="checkbox"/> Utility | Fuel | | | | | |
| | | | | <input type="checkbox"/> Yacht | <input type="checkbox"/> Amphibious | <input type="checkbox"/> Other | Gasoline | Diesel | Other | | | |
| | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | |
| | Watercraft Use | | | | | | | | | | | |
| | <input type="checkbox"/> Pleasure | <input type="checkbox"/> Fishing | <input type="checkbox"/> Livery | <input type="checkbox"/> Passenger for Hire | <input type="checkbox"/> Commercial | | | | | | | |
| Check Appropriate Reason | <input type="checkbox"/> Watercraft Valued at Less Than \$3,000 When New | | | | | | Date of Purchase or Date of Assembly (mm/dd/yyyy) | | | | | |
| | <input type="checkbox"/> Watercraft Purchased Prior to January 1, 1986 | | | | | | Purchase Price | | | | | |
| | <input type="checkbox"/> Privately Assembled Watercraft | | | | | | \$ | | | | | |
| | | | | | | | Estimated Value When New (required for registration) | | | | | |
| | | | | | | | \$ | | | | | |

| AFFIRMATION AND SIGNATURE | | |
|---|--------------------|--------------------------|
| This affidavit is submitted to request the Indiana Bureau of Motor Vehicles issue an Indiana Certificate of Title and/or Certificate of Registration. I agree to indemnify and hold harmless the Indiana Bureau of Motor Vehicles from any liability arising from this transaction. I understand that making a false statement may constitute the crime of perjury. | | |
| Printed Name of Owner | Signature of Owner | Date Signed (mm/dd/yyyy) |
| Printed Name of Owner | Signature of Owner | Date Signed (mm/dd/yyyy) |

| BMV USE ONLY | |
|--------------|-----------------------------|
| Visit ID | Date Processed (mm/dd/yyyy) |



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.)

| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

| 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 | | |



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) |