



# STATE OF INDIANA

Eric J. Holcomb, Governor

Peter L. Lacy, Commissioner

## COURT ORDER Title Application Checklist

If you are unable to establish ownership through any one of the available BMV title application processes, you must obtain a court order. Once you have received the court order, you may apply for a certificate of title through the BMV.

Applications for a certificate of title for a vehicle or watercraft using the court order process are processed by the BMV Central Office. Prior to submitting each application, verify that 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](#) or [Application for a Certificate of Watercraft Title – State Form 38529](#)
- Court Order. The order must establish ownership, provide a description of the vehicle (year, make, VIN), direct the BMV to issue a certificate of title to the owner, and contain the signature of the judge and court seal or stamp. The order must be error free. Erasures or altered orders will not be accepted.
- [Physical Inspection of a Vehicle or Watercraft – State Form 39530](#) completed by law enforcement or an employee of a BMV license branch. If the VIN/HIN on the inspection does not match the VIN/HIN on the court order, a corrected court order will be required before the transaction can be processed.
- [Odometer Disclosure Statement – State Form 43230](#). Maybe completed by the court appointed owner. All trailers and motor vehicles weighing over 16,000 pounds are exempt.
- [Mobile Home Permit – State Form 7878](#) (if a manufactured home). Must be completed by the County Treasurer.
- One proof of address. A driver's license or identification card may be accepted as proof if the address on the credential is correct. If the address is not correct, any document from the approved [BMV documentation list](#) that is dated within the last 60 days may be used as proof. To view the approved documentation list, click on the link provided or visit myBMV.com
- Submit payment for the following vehicle or watercraft (as applicable) title application fees and taxes. Payable by MasterCard or Visa, check, electronic check, or money order.
  - \$15 vehicle title application fee.
    - \$30 additional administrative penalty will be assessed if the title application packet is not received within 45 days after the file stamp date on the court order.
  - \$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 you are transferring ownership of the vehicle or watercraft, include 7% sales tax of the dollar amount listed in the court order or on the bill of sale/purchase agreement. If you are exempt from paying sales tax, include [ST108E – Certificate of Gross Retail Use Tax or Exemption – State Form 48841](#).
    - If no information is available to determine the purchase price, include a bill of sale or [State Form 56620 - Affidavit of Missing Title Information](#) with the purchase price listed or sales tax will assessed based on the NADA fair market value of the vehicle or watercraft.
- Vehicle color \_\_\_\_\_ (List color on line)
- Vehicle fuel type (select one):
  - Gasoline
  - Diesel
  - Hybrid
  - Electric
  - Other

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                                                                                                                                                                                                                |      |                          |              |                       | 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/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 |  |  |  |
| \$                                                                                                                                                                                                                                |      | \$                       |              | \$                    |                                                                                                                                                                                          | \$            |                |            |                   |                            |                |  |  |  |



# APPLICATION FOR CERTIFICATE OF WATERCRAFT TITLE

State Form 38529 (R8 / 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 watercraft 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. |           |        |                |
| Hull 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.         |           |        |                |
| Year                                                                                                                                                                                                                                 | Make                       | Registration Number   | Date (mm/dd/yyyy)                     | Applicant Signature: _____                                                                                                                                                               |           |        |                |
| Inspector's Printed Name and Title                                                                                                                                                                                                   |                            |                       | City                                  | Printed Name: _____                                                                                                                                                                      |           |        |                |
| Inspector's Signature                                                                                                                                                                                                                |                            |                       | Badge, Branch, or Dealer Plate Number | Applicant Signature: _____                                                                                                                                                               |           |        |                |
|                                                                                                                                                                                                                                      |                            |                       |                                       | Printed Name: _____                                                                                                                                                                      |           |        |                |
|                                                                                                                                                                                                                                      |                            |                       |                                       | Date (mm/dd/yyyy): _____                                                                                                                                                                 |           |        |                |
| Transaction Number                                                                                                                                                                                                                   | Branch Number              | Invoice Number        | BMV Use Only                          |                                                                                                                                                                                          |           |        |                |
| Registration Number                                                                                                                                                                                                                  | Former Title Number        |                       | Purchase Date (mm/dd/yyyy)            | Make                                                                                                                                                                                     |           |        |                |
| Series or Model                                                                                                                                                                                                                      | Hull Identification Number |                       | Length                                | Year                                                                                                                                                                                     | Hull Type |        |                |
| Watercraft Type                                                                                                                                                                                                                      | Watercraft Use             |                       | Propulsion Type                       |                                                                                                                                                                                          | Fuel Type |        |                |
| Social Security Number / Federal Identification Number *                                                                                                                                                                             |                            | Horsepower            | Applicant's County of Residence       |                                                                                                                                                                                          |           |        |                |
| Name of Applicant                                                                                                                                                                                                                    |                            |                       | Street Address (number and street)    |                                                                                                                                                                                          |           |        |                |
| City                                                                                                                                                                                                                                 |                            |                       | State                                 | ZIP Code                                                                                                                                                                                 |           |        |                |
| 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                              | Dealer Number                                                                                                                                                                            |           |        |                |
| Gross Retail and Use Tax Affidavit – I/We hereby certify that sales or use tax on this watercraft was paid as indicated below.                                                                                                       |                            |                       |                                       |                                                                                                                                                                                          |           |        |                |
| Selling Price                                                                                                                                                                                                                        | Less Trade-In / Discount   | Amount Subject to Tax | Amount of Tax                         | Dealer                                                                                                                                                                                   | Branch    | Exempt | Exemption Code |
| \$                                                                                                                                                                                                                                   | \$                         | \$                    | \$                                    |                                                                                                                                                                                          |           |        |                |



# AFFIDAVIT OF MISSING TITLE INFORMATION

State Form 56620 (11-18)  
INDIANA BUREAU OF MOTOR VEHICLES

**BUREAU OF MOTOR VEHICLES**  
100 N. Senate Avenue, Rm N400  
Indianapolis, IN 46204  
(888) 692-6841  
[www.bmv.in.gov](http://www.bmv.in.gov)

**INSTRUCTIONS:**

1. Complete in blue or black ink or print form. Copies may be accepted.
2. Use the form below to report information that is missing on a certificate of title or vehicle bill of sale in cases where purchaser cannot return to the seller to obtain it. This form may only be used if the seller is not a licensed car dealer.
3. The BMV reserves the right to forward all completed forms to Indiana Department of Revenue for review. The Indiana Department of Revenue may collect additional taxes.

**SECTION 1 - AFFIRMATION OF PURCHASER(S)**

Purchaser(s) Name *(individual or company name)*

**VEHICLE IDENTIFICATION NUMBER or HULL IDENTIFICATION NUMBER**

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

|      |      |       |
|------|------|-------|
| Year | Make | Model |
|------|------|-------|

The following information was missing on the certificate of title or bill of sale for the vehicle indicated above. I hereby request that the Indiana Bureau of Motor Vehicles uses the information provided below.

|                                                                                                                |                                                                                               |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Date of Sale is missing.<br>The correct Date of Sale is: _____<br><i>(mm/dd/yyyy)</i> | <input type="checkbox"/> Selling Price is missing.<br>The correct Selling Price is: \$ _____. |
|----------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|

**SIGNATURE**

I swear or affirm that the information 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.

|                     |              |                          |
|---------------------|--------------|--------------------------|
| Purchaser Signature | Printed Name | Date <i>(mm/dd/yyyy)</i> |
|---------------------|--------------|--------------------------|



# 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](http://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<br>(     )    | 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) |                                  |

## 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 |



# 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) |
|-----------------------------------------------|--------------|--------------------------|