



# STATE OF INDIANA

Eric J. Holcomb, Governor

Peter L. Lacy, Commissioner

## ABANDONED WATERCRAFT Title Application Checklist

A marina operator may sell a watercraft that has been left without permission at the marina for more than six months and recover the operator's reasonable maintenance, repair, dockage, storage, and other charges. Upon fulfilling the statutory obligations contained in IC 32-34-10, the marina operator may complete an [Affidavit of Sale– Abandoned Watercraft - State Form 50634](#) to assign ownership to a purchaser without a certificate of title.

When submitting paperwork, include the following:

- [Application for Certificate of Watercraft Title – State Form 38529](#)
- [Affidavit of Sale - Abandoned Watercraft - State Form 50634](#)
- [Physical Inspection of a Vehicle or Watercraft – State Form 39530](#) completed by law enforcement. If the watercraft does not have a hull identification number (HIN), you must include the [Special Identification Number – HIN Application Packet](#).
- Lien release, if necessary. A certified letter to the lien holder may serve as proof of lien release, if applicable.
- 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 watercraft title application fees and taxes. Payable by MasterCard or Visa, check, electronic check, or money order.
  - \$15 title application fee.
  - \$30 additional administrative penalty will be assessed if the title application packet is not received within 45 days after the purchase date.
  - \$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 the watercraft is transferring ownership, include 7% sales tax of the dollar amount listed on the Affidavit of Sale or Disposal or 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](#).

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 WATERCRAFT TITLE

State Form 38529 (R9 / 03-20)  
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  |               |                |
| ELT ID   | Holder of First Lien, Mortgage, or Other Encumbrance / Special Mailing Address |                                       |                                    | Mailing Address (number and street)  |           |               |                |
| City   |  | State                                 |                                    | ZIP Code   |           | BMV Use Only  |                |
| ELT ID   | 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 SALE – ABANDONED WATERCRAFT

State Form 50634 (R / 11-11)  
Approved by State Board of Accounts, 2011  
INDIANA BUREAU OF MOTOR VEHICLES

**BUREAU OF MOTOR VEHICLES**  
100 North Senate Avenue, N411  
Indianapolis, IN 46204

### WATERCRAFT INFORMATION

|  |  |  |  |                   |          |  |      |            |  |                   |       |                     |       |                          |  |
|--|--|--|--|-------------------|----------|--|------|------------|--|-------------------|-------|---------------------|-------|--------------------------|--|
| Identification Number  |  |  |  |                   |          |  |      |            |  |                   | Year  | Make                | Model | Length (feet and inches) |  |
|  |  |  |  |                   |          |  |      |            |  |                   |       |                     |       |                          |  |
| Fuel   |  |  |  | Hull Material     |          |  |      | Propulsion |  |                   |       | Registration Number |       |                          |  |
| <b>SELLER INFORMATION</b>  |  |  |  |                   |          | <b>PURCHASER INFORMATION</b>   |      |            |  |                   |       |                     |       |                          |  |
| Marina Name (last, first, middle initial or company name)  |  |  |  |                   |          | Name (last, first, middle initial or company name)   |      |            |  |                   |       |                     |       |                          |  |
| Address (number and street)  |  |  |  |                   |          | Address (number and street)  |      |            |  |                   |       |                     |       |                          |  |
| City   |  |  |  | State             | ZIP Code |  | City |            |  |                   | State | ZIP Code            |       |                          |  |
| Length of time watercraft left on marina property without permission   |  |  |  |                   |          | Purchase Date (mm/dd/yyyy)   |      |            |  |                   |       |                     |       |                          |  |
| Expenses incurred, including expense of the sale   |  |  |  |                   |          | Amount of Winning Bid (enter "0" if donation)  |      |            |  |                   |       |                     |       |                          |  |
| <b>I certify that I have met all requirements as outlined in IC 32-34-10 have been met. I understand making a false statement may constitute the crime of perjury.</b> |  |  |  |                   |          | <b>I swear or affirm that the total sale price of the above mentioned watercraft represents the true amount collected for the sale. I understand making a false statement may constitute the crime of perjury.</b> |      |            |  |                   |       |                     |       |                          |  |
| Signature  |  |  |  |                   |          | Signature  |      |            |  |                   |       |                     |       |                          |  |
| Printed Name   |  |  |  | Date (mm/dd/yyyy) |          | Printed Name   |      |            |  | Date (mm/dd/yyyy) |       |                     |       |                          |  |



# PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R8 / 6-21)  
INDIANA BUREAU OF MOTOR VEHICLES

**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 the BMV, an employee of a qualified person operating under a contract with the commission, or an employee of a dealer that is licensed as a motor vehicle dealer in a state other than Indiana and approved by the bureau.
  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.

| OWNER INFORMATION  |      |   |  |      |                      |                |  |   |       |          |  |                   |  |  |
|--|------|---|--|------|----------------------|----------------|--|---|-------|----------|--|-------------------|--|--|
| Name (last, first, middle initial or company name)   |      |   |  |      |                      |                |  |   |       |          |  |                   |  |  |
| Address (number and street)  |      |   |  |      |                      |                |  |   |       |          |  |                   |  |  |
| City   |      |   |  |      |                      |                |  |   |       | State    |  | ZIP Code          |  |  |
| VEHICLE OR WATERCRAFT INFORMATION  |      |   |  |      |                      |                |  |   |       |          |  |                   |  |  |
| <input type="checkbox"/> Identification Number <span style="float: right;"><input type="checkbox"/> <b>NONE</b> (Select if no identification number found.)</span> |      |   |  |      |                      |                |  |   |       |          |  |                   |  |  |
|  |      |   |  |      |                      |                |  |   |       |          |  |                   |  |  |
| 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       |  |   |       |          |  |                   |  |  |
| <b>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.</b>   |      |   |  |      |                      |                |  |   |       |          |  |                   |  |  |
| Signature of Inspector   |      |   |  |      | Printed Name         |                |  |   | Title |          |  | Date (mm/dd/yyyy) |  |  |
| Badge/ Branch/ Dealer Number   |      | Police Department / Branch / Dealership |  |      | City                 |                |  | State   |       | ZIP Code |  |                   |  |  |
| Telephone Number<br>(     )  |      |   |  |      | E-mail               |                |  |   |       |          |  |                   |  |  |



# COLLECTION OF PAYMENT INFORMATION

State Form 56163 (R2 / 6-19)  
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   |  |  |  |                          |
|--|--|--|--|--------------------------|
| Account Holder (first, middle, last name or company name)  |  | Driver's License Number 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 3 - 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) |