



Abandoned Vehicles Valued at more than \$3,500 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.

If a vehicle was abandoned and has a NADA average trade-in value of more than \$3,500, the following documents are required:

- 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. **Proof of delivery of certified letter(s) and a copy of the letter(s) must be submitted with this application.** 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 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](#) completed by law enforcement. 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)
- 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.



MECHANIC'S LIEN BILL OF SALE

State Form 23104 (R7 / 7-21)
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 for purchaser to obtain a certificate of title.
 3. Section 3 – Lien Information: The cost for storage of an abandoned vehicle may not exceed \$2,000 for vehicles that are less than 30 feet and \$2,500 for vehicles that are 30 feet or more.
 4. 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.
 5. 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 or packet will be returned)			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 \$	
					<input type="checkbox"/> Check if 30 feet or more		
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 or 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 or 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 (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

- 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

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	State	ZIP Code
Telephone Number ()			E-mail		



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 (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)