



STATE OF INDIANA

Eric J. Holcomb, Governor

Peter L. Lacy, Commissioner

TRANSFER OF OUT-OF-STATE TITLE TO INDIANA Vehicle and Watercraft Title Application Checklist

Indiana residents who have purchased a vehicle or watercraft from a dealer located in a different state may mail their application for certificate of title to the BMV Central Office. Prior to submitting an application, verify the required information is included. Contact (888) 692-6841 with any questions.

When submitting paperwork, include the following:

- [Completed and signed Application for Certificate of Title for a Vehicle – State Form 205](#) or [Application for Certificate of Watercraft Title – State Form 38529](#).
- Proof of Ownership: (one item from each line is required)
 - A manufacturer's certificate of origin or certificate of title; **and**
 - Bill of sale, purchase order, or sales contract.
- [Odometer Disclosure Statement – State Form 43230](#), if the odometer statement is not completed on the certificate of title or certificate of origin. Trailers, vehicles over 16,000 pounds, and watercraft are exempt from federal odometer disclosure statement requirements and therefore this form is not required for those vehicle types.
- Completed and signed [Physical Inspection of a Vehicle or Watercraft – State Form 39530](#).
- One proof of address. A copy of your 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. Fees and taxes are payable by MasterCard or Visa, check, electronic check, or money order.
 - \$15 title application fee.
 - \$30 additional administrative penalty will be assessed on a title application packet received 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.
 - Remit 7% sales tax or proof of sales tax paid.
 - 7% sales tax is due on all motor vehicle sales to Indiana residents. If you did not pay 7% sales tax on this purchase, a completed and signed [ST108E – Certificate of Gross Retail or Use Tax Exemption – State Form 48841](#), with the Sales/Use Tax Worksheet portion completed, is required. The total amount due on Line 4 of that worksheet must be included with your payment.
 - If you paid more than 7% sales tax, no further remittance is required.
 - If the purchase is exempt from sales tax, a completed and signed [ST108E – Certificate of Gross Retail or Use Tax Exemption – State Form 48841](#) is required. Please note, the exemption number must be listed on the [ST-108E – Certificate of Gross Retail or Use Tax Exemption – State Form 48841](#) for it to be considered complete.
- 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 to sender.**

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 Model					Vehicle Type									
Former Title Number					Purchase Date (mm/dd/yy)									
Lien (Y/N)					Speed (Y/N)									
Dealer Number					BMV Use Only									
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					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 (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 <div style="display: flex; justify-content: space-around; width: 100%; height: 20px;"> </div>				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
\$	\$	\$	\$				



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 (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:
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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)
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