



SALVAGE MOTOR VEHICLE RESTORATION Title Application Checklist

To request a rebuilt title brand for a vehicle previously branded as salvage, you must apply for a salvage restoration title.

Salvage restoration title applications 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
- The certificate of salvage title
- If vehicle is transferring ownership, the odometer statement must be completed on certificate of salvage title or a completed [Odometer Disclosure Statement – State Form 43230](#) must be submitted.
- [Affidavit of Restoration for a Salvage Motor Vehicle – State Form 44606](#)
- Proof of ownership and/or proof of purchase is required for each major component part used during restoration. If restoration was completed by using parts on hand, complete a [General Affidavit – State Form 37964](#) and include the vehicle information (year, make, and VIN) and each part used (including serial number, 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 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 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 vehicle was purchased or otherwise acquired.
 - \$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 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 ownership is being maintained, or if exempt from sales tax, include an [ST108E – Certificate of Gross Retail or Use Tax Exemption – State Form 48841](#).
- 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.						
Year	Make	Model	Type	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: _____						
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				
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
\$		\$		\$		\$					



AFFIDAVIT OF RESTORATION FOR A SALVAGE MOTOR VEHICLE

State Form 44606 (R3 / 12-11)
INDIANA BUREAU OF MOTOR VEHICLES

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

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
 2. Certificate of salvage title must be submitted. The title may be assigned to a purchaser. Out of state titles are accepted.
 3. Proof of ownership and the source of major component parts used are required.
 4. Vehicles designated as "junk," "non-repairable," "scrap," or similar designation may not be titled in Indiana.

OWNER INFORMATION

Name (last, first, middle initial or company name)		
Address (number and street)		
City	State	ZIP Code

RESTORER INFORMATION

Same as Owner

Name (last, first, middle initial or company name)		
Address (number and street)		
City	State	ZIP Code

VEHICLE INFORMATION

Vehicle Identification Number											
Year	Make	Model	Body Type	Purchase Date (mm/dd/yyyy)	Purchase Price						
					\$						

MAJOR COMPONENT PARTS

Includes parts of motor vehicles, motorcycles, semitrailers, or recreational vehicles normally having a manufacturer's vehicle identification number, a derivative of the identification number, or a number supplied by an authorized governmental agency, including doors, fenders, differentials, frames, transmissions, engines, doghouses (front assembly), rear clips, etc. **Proof of ownership/purchase for each item must be submitted with application. Attach additional pages if necessary.**

Name of Part	Source VIN or Serial Number	Name and Address of Source	Date Acquired (mm/dd/yyyy)	Cost of Part

RESTORATION STATEMENT

I certify that all major component parts incorporated during the restoration of the above vehicle have been included with this application. The restoration of the above vehicle is complete. To my knowledge, no stolen parts were utilized in the restoration process. 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. I hereby request the Bureau of Motor Vehicles to issue a certificate of title with a "Rebuilt" brand for this motor vehicle.

Signature of Restorer	Printed Name	Date (mm/dd/yyyy)
Signature of Owner (if different from restorer)	Printed Name	Date (mm/dd/yyyy)

PHYSICAL INSPECTION BY AN INDIANA POLICE OFFICER

I hereby certify that I am a law enforcement officer of the state of Indiana and I have personally examined the above vehicle, major component parts and ownership documents. The salvage restoration conforms to Indiana Code §9-22-3. I understand making a false statement may constitute the crime of perjury.

IDACS/NCIC Check Required. Date Performed (mm/dd/yyyy)	Comments		
Signature of Officer	Printed Name	Title	Badge Number
Police Department	City	State	ZIP Code
		IN	



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

Reset Form



AFFIDAVIT
State Form 37964 (R2 | 10-05)
BUREAU OF MOTOR VEHICLES

STATE OF INDIANA _____ }
COUNTY OF _____ } SS:

Name

Address (<i>number and street, city, state, ZIP code</i>)

Deposes and says upon his I her oath that:

I swear or affirm that the information I have entered on this form is correct.
I understand that making a false statement on this form may constitute the crime of perjury.

Signature	Date (<i>month, day, year</i>)
-----------	----------------------------------



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)