



SALVAGE MOTOR VEHICLE Title Application Checklist

A salvage title is required for motor vehicles manufactured within the last seven model years that have been wrecked or damaged. When requested, a salvage title may be issued for a vehicle over seven model years old.

Salvage title applications are processed by BMV Central Office. Prior to submitting each application, verify 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
- [Salvage Title Affidavit - State Form 49891](#)
- Certificate of title
 - If the certificate of title is issued by a state other than Indiana, a completed [Physical Inspection of a Vehicle or Watercraft – State Form 39530](#) must be provided.
- Proof of the date of settlement provided by the insurance company (if owner of the salvage vehicle is retaining possession of the salvage vehicle)
- Submit payment for the following vehicle title application fees and taxes. Payable by MasterCard or Visa, check, electronic check, or money order.
 - \$4 salvage title application fee.
 - \$10 additional administrative penalty will be assessed on a title application packet received 45 days after the purchase date. If the owner of the salvage vehicle retains possession of the salvage vehicle, the owner must apply for a certificate of salvage title not later than 45 days after the settlement of loss with the insurance company.
 - \$25 speed title fee. This optional fee is in addition to the \$4 salvage 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 salvage 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 44841](#).
- Vehicle color: _____ (List color on line)

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 <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 20px;"></div> </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	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
\$		\$		\$		\$					



SALVAGE TITLE AFFIDAVIT

State Form 49891 (R3 / 2-19)
INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS: 1. Complete in blue or black ink or print form.

2. A certificate of salvage title is required for a motor vehicle, motorcycle, semitrailer, pursuant to the requirements as outlined in Indiana Code §9-22-3.

SECTION 1 - OWNER INFORMATION													
Owner Name(s) (last, first, middle initial or company name)													
Legal Address (number and street)							City			State		ZIP Code	
SECTION 2 - INSURANCE COMPANY INFORMATION (if applicable)													
Company Name							Agent Name						
Address (number and street)							City			State		ZIP Code	
SECTION 3 - VEHICLE INFORMATION													
Vehicle Identification Number													
Vehicle Year					Vehicle Make					Vehicle Model			
Date of Settlement (mm/dd/yyyy)					Reason								
SECTION 4 - AFFIRMATION STATEMENT													
I hereby request the Indiana Bureau of Motor Vehicles to issue a salvage title for the above mentioned vehicle. I certify that the vehicle meets the salvage title requirements of Indiana Code §9-22-3.													
I swear or affirm that the information I have 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.													
Signature of Owner					Printed Name					Date Signed (mm/dd/yyyy)			



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 (<i>first, middle, last, or company name</i>)		Driver's License Number (DLN) or Federal Identification Number	Telephone Number
Billing Address (<i>number and street</i>)		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 (<i>mm/yy</i>): _____ / _____	
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 (<i>mm/dd/yyyy</i>)