



# STATE OF INDIANA

Eric J. Holcomb, Governor

Peter L. Lacy, Commissioner

## SPECIAL IDENTIFICATION NUMBER – MVIN Vehicle Application Checklist

If your vehicle does not have a vehicle identification number (VIN), or if the VIN has been altered or defaced, you must apply for a special identification number (MVIN) before you can apply for a certificate of title or registration.

Application for an MVIN are processed by the 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 Special Identification Number Vehicle or Watercraft – State Form 12907](#)
- Proof of Ownership:
  - For any vehicle type, you may submit a manufacturer's certificate of origin, certificate of title, or court order.
  - For trailers, you may submit a [Trailer Ownership Affidavit - State Form 43753](#).
  - A bill of sale will not be accepted for a vehicle which by law requires a certificate of title.
- [Physical Inspection of a Vehicle or Watercraft – State Form 39530](#) completed by law enforcement. Inspection must be performed on all major parts.
- One original side view picture of the entire vehicle. If the vehicle is a manufactured home, a color picture of the front and the back view of the entire manufactured home.
- Receipts from materials purchased, if applicable.
- \$10.00 special identification number (MVIN) application fee. Payable by MasterCard or Visa, check, electronic check, or money order.
- 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 N417  
Indianapolis, IN 46204**

If the BMV determines that sufficient credible evidence exists to substantiate the applicant's claim of ownership, a MVIN 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 SPECIAL IDENTIFICATION NUMBER – VEHICLE OR WATERCRAFT

State Form 12907 (R6 / 7-16)  
Approved by State Board of Accounts, 2016  
INDIANA BUREAU OF MOTOR VEHICLES

**BUREAU OF MOTOR VEHICLES**  
100 North Senate Avenue, N417  
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. Submit proof of ownership for vehicle or watercraft and/or parts along with the application.
  3. Submit a Physical Inspection of a Vehicle or Watercraft – State Form 39530 completed by a law enforcement officer along with the application.
  4. Include a side view, color photograph of the entire vehicle or watercraft. For manufactured homes, a photograph of the front and back of the home is required.
  5. Mail the completed application, supporting documentation, and the application fee, which is charged in accordance with Indiana Code 9-17-4-7, to the address shown in the top right hand corner of this form.

### SECTION 1 - APPLICATION INFORMATION

Name of Applicant (first middle, last, or company name)		*Social Security Number or Federal Identification Number (optional)	
Address of Residence (number and street)		City	State ZIP Code
Date Purchased or Otherwise Acquired (mm/dd/yyyy)			
<b>Seller Information:</b>			
Name of Seller (first, middle, last, or company name)			
Address of Seller (number and street)		City	State ZIP Code
<b>Reason for Request: (check one)</b>			
<input type="checkbox"/> Identification Number not installed	Explain reason not installed		
<input type="checkbox"/> Identification Number altered or defaced	Explain cause of alteration or defacement		
<input type="checkbox"/> Privately Assembled Vehicle or Watercraft			

### SECTION 2 - VEHICLE OR WATERCRAFT INFORMATION

Original Identification Number (include any numbers that remain or "none")										Year	Make	Model	
Vehicle or Watercraft Type										License Plate or Watercraft Registration Number (if known)		Length (for watercraft only) _____ feet / _____ inches	
List any distinguishing marks on the engine or body of the vehicle:													

### SECTION 3 - PRIVATELY ASSEMBLED VEHICLE OR WATERCRAFT

Check the major component parts used to assemble vehicle or watercraft.

<input type="checkbox"/> Engine/Motor	<input type="checkbox"/> Transmission
<input type="checkbox"/> Body Chassis	<input type="checkbox"/> Front Assembly
<input type="checkbox"/> Rear Clip	<input type="checkbox"/> Frame

Other (please specify):  
\_\_\_\_\_  
\_\_\_\_\_

This application is submitted to request the Bureau of Motor Vehicles to issue a special identification number to the Vehicle or Watercraft described above. I certify that the above Vehicle or Watercraft conforms to applicable state and federal equipment and safety standards.  
I swear and affirm under the penalties for perjury that the information that I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.

Signature	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](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												<input type="checkbox"/> NONE (Select if no identification number found.)					
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
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**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				



# TRAILER OWNERSHIP AFFIDAVIT

State Form 43753 (R3 / 8-17)  
Indiana Bureau of Motor Vehicles

\* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8-1; disclosure is mandatory and this record cannot be processed without it.

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
  2. An applicant who is unable to present ownership documentation for a trailer due to one of the reasons listed below may present this form to obtain a certificate of title and/or certificate of registration.
  3. All applicants claiming ownership must sign this affidavit.

OWNER INFORMATION			
Owner's Name (last, first, middle initial or company name)		Social Security Number* / Federal ID Number	
Additional Owner's Name (last, first, middle initial or company name)		Social Security Number* / Federal ID Number	
Legal Address (number and street)	City	State	ZIP Code

TRAILER INFORMATION															
Vehicle Identification Number (VIN), if available: (Please enter in spaces below.)															
Year				Make				Model							

<b>Check Appropriate Reason.</b>	<input type="checkbox"/> The trailer was privately assembled using parts on hand. <b><i>A privately assembled trailer requires a state issued identification number to be assigned prior to title and registration. Application for Special Identification Number – State Form 12907 must be submitted to the BMV Central Office for processing. Visit any BMV license branch or <a href="http://www.in.gov/bmv">www.in.gov/bmv</a> for application requirements.</i></b>
	<input type="checkbox"/> The trailer is a pop-up camping trailer that has a declared gross weight of not more than three thousand (3,000) pounds; was manufactured before January 1, 1986; and was purchased prior to July 1, 2016.
	<input type="checkbox"/> The trailer was purchased prior to January 1, 1990.

Date of Purchase or Date of Assembly (mm/dd/yyyy)	Purchase Price	Estimated Value When New (required for registration)
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### AFFIRMATION AND SIGNATURE

This affidavit is submitted to request the Indiana Bureau of Motor Vehicles issue an Indiana Certificate of Title and/or Certificate of Registration. I agree to indemnify and hold harmless the Indiana Bureau of Motor Vehicles from any liability arising from the approval of this request and use of the trailer. I understand that making a false statement may constitute the crime of perjury.

Signature of Owner	Printed Name	Date Signed (mm/dd/yyyy)
Signature of Owner	Printed Name	Date Signed (mm/dd/yyyy)



## 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)