VEHICLES USED FOR OFFICIAL BUSINESS
Vehicle Title and Registration Application Checklist

Title and registration applications for municipal corporations, including law enforcement, must be processed by the BMV Municipal Processing department. Prior to submitting each application, verify all required information is included. Contact (888) 692-6841 with any questions.

When submitting paperwork, include the following:

**Title Application Requirements**

- Application for Certificate of Title for a Vehicle – State Form 205
- Original certificate of title or manufacturer’s certificate of origin
- Physical Inspection of a Vehicle or Watercraft – State Form 39530 (Required for vehicles purchased outside of Indiana.
- Odometer Disclosure Statement – State Form 43230 (if odometer statement is not completed on the certificate of title or certificate of origin). Trailers and vehicles over 16,000 pounds are exempt.
- ST108E – Certificate of Gross Retail or Use Tax Exemption – State Form 48841
- 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 date of purchase.
  - $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.
- Vehicle color: ____________________________ (List color on line)
- Vehicle fuel type (select one):
  - Gasoline
  - Diesel
  - Hybrid
  - Electric
  - Other

**Registration Application Requirements**

- Application for Registration of Vehicles Used for Official Business – State Form 53565
- Copy of Indiana certificate of title or Application for Certificate of Title for a Vehicle – State Form 205 (if already titled to applicant)
- Copy of the lease agreement or Statement of Existing Lease Agreement – State Form 12787 (if the vehicle is being leased from a leasing company)
- Safety inspection completed by ISP for all municipally owned school buses

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 Municipal Processing
100 North Senate Avenue, Room N415
Indianapolis, IN 46204

If the BMV determines that sufficient credible evidence exists to substantiate the applicant’s claim of ownership, a title/registration 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.

<table>
<thead>
<tr>
<th>Vehicle Identification Number</th>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Type</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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.

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.

Applicant Signature: ____________________________
Printed Name: ____________________________

Inspector’s Printed Name and Title
City

Inspector’s Signature
Badge, Branch, or Dealer Plate Number

Date (mm/dd/yyyy): ____________________________

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/yyyy)
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.

<table>
<thead>
<tr>
<th>Selling Price</th>
<th>Less Trade-In / Discount</th>
<th>Amount Subject to Tax</th>
<th>Amount of Tax</th>
<th>Dealer</th>
<th>Branch</th>
<th>Exempt</th>
<th>Exemption Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>$</td>
<td></td>
<td>$</td>
<td>$</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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 a BMV license branch, or a designated employee of a BMV full or partial service provider.
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. This fee is not collected by the Bureau of Motor Vehicles and should not be submitted with this form. The police officer completing this form will advise the Owner of the amount of the fee, if any, and the method by which it should be paid.

<table>
<thead>
<tr>
<th>OWNER INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name (last, first, middle initial or company name)</td>
</tr>
<tr>
<td>Address (number and street)</td>
</tr>
<tr>
<td>City</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VEHICLE OR WATERCRAFT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identification Number</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Type</th>
<th>Plate Number / State</th>
<th>Watercraft Registration Number, if applicable</th>
</tr>
</thead>
</table>

For assembled vehicles or watercraft include serial numbers for major component parts if present:

<table>
<thead>
<tr>
<th>Engine / Motor</th>
<th>Transmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Body Chassis</td>
<td>Front Assembly</td>
</tr>
<tr>
<td>Rear Clip</td>
<td>Frame</td>
</tr>
</tbody>
</table>

Other (specify):

*IDACS / NCIC Check (required if form is completed by a police officer)

<table>
<thead>
<tr>
<th>Date Check Performed (mm/dd/yyyy)</th>
<th>Comments</th>
</tr>
</thead>
</table>

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.

<table>
<thead>
<tr>
<th>Signature of Inspector</th>
<th>Printed Name</th>
<th>Title</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Badge / Branch / Dealer Number</td>
<td>Police Department / Branch / Dealership</td>
<td>City</td>
<td>ZIP Code</td>
</tr>
<tr>
<td>Telephone Number</td>
<td>E-mail Address</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
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)

Address of Seller(s) (number and street, city, state, and ZIP code)

certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle described below unless one of the following statements is checked:

☐ 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
**Indonesia Department of Revenue**  
**Certificate of Gross Retail or Use Tax**  
**EXEMPTION for the Purchase of a**  
**Motor Vehicle or Watercraft**

### NAME OF DEALER

<table>
<thead>
<tr>
<th>Dealer’s RRMC # (Registered Retail Merchant Certificate Number)</th>
</tr>
</thead>
<tbody>
<tr>
<td>TID# (10 digits) LOC# (3 digits)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dealer’s FID # (Federal Identification Number, 9 digits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dealer’s License Number (seven digits)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Dealer</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>NAME OF PURCHASER(S) (PRINT OR TYPE)</th>
<th>SSN, TID, OR FID # (Mandatory)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address of Purchaser</th>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
</table>

**Vehicles Identification Information of Purchase**

<table>
<thead>
<tr>
<th>VIN # (Vehicle Identification Number) or HIN # (Hull Identification Number)</th>
<th>Year</th>
<th>Make</th>
<th>Model/Length</th>
</tr>
</thead>
</table>

**Calculation Of Purchase Price**

1. Total Purchase Price ........................................1. 
2. Trade-Allowance  
   (Like-kind exchanges only).........2. 
3. Net Purchase Price  
   (Line 1 minus Line 2)........3. 

**Trade in Information**

<table>
<thead>
<tr>
<th>VIN # (Vehicle Identification Number) or HIN # (Hull Identification Number)</th>
<th>Year</th>
<th>Make</th>
<th>Model/Length</th>
</tr>
</thead>
</table>

**CALCULATION OF PURCHASE PRICE LINES 1, 2 & 3 MUST BE COMPLETED FOR ALL EXEMPTED PURCHASES**

**NEW RESIDENT STATEMENT** Must Be Completed if Exemption # 8 is claimed, see reverse side.

I certify that I became a resident of INDIANA on (month & year)__________________________.

My previous State of Residence was__________________________ I hereby certify that the above statement is true and correct.

Date __________________ Signature of Owner __________________

**SALES/USE TAX WORKSHEET** To be completed if Sales and/or Use Tax was paid to a state other than Indiana, Exemption # 15. See reverse side.

1. Purchase price of property subject to sales/use tax..........................................................1. $
2. Indiana sales/use tax due: Multiply Line 1 by sales/use tax percentage (7%) ..................2. 
3. Credit for sales tax previously paid to another state  
   (Do not include flat fees, local, and/or excise taxes.) In what state was the tax paid? ______
4. Total amount due: Subtract Line 3 from Line 2.................................................................4. $
   (Line # 3 can not exceed Line # 2)

**DIRECT RELATIVE IDENTIFICATION EXEMPTION** (Must Be Completed if Exemption # 11 is claimed, see reverse side).

Name(s) on original title__________________________ Relationship of above parties__________________________

Name(s) being added/deleted__________________________

**PUBLIC TRANSPORTATION EXEMPTION** (Must be completed if exemption # 6 is claimed and you are not a school bus operator.)

USDOT # (U.S. Department of Transportation Number) ________________________________

I certify that the above vehicle or watercraft is exempt from sales/use tax under exemption #____________ (see reverse side). I also certify that any sales tax credit shown as paid to an out of state dealer using exemption #15 was actually collected by the dealer and the dealer has not provided the buyer with a check to be paid to the BMV. I understand that making a false statement on this form may constitute the crime of perjury.

Date __________________ Signature of Purchaser __________________
GENERAL INFORMATION

INDIANA CODE 6-2.5-9-6 requires that a person titling a vehicle or watercraft present certification indicating the state gross sales and use tax has been paid; otherwise, the payment of the tax must be made directly to a Bureau of Motor Vehicles license branch.

If NONE of the exemptions apply to the purchase, Form ST-108 must be completed by the dealer and the purchaser to indicate that the sales/use tax was collected by the dealer. The dealer is then required to submit the sales/use tax to the Department of Revenue.

a purchaser’s ID# (SSN-Social Security #, TID - Indiana Taxpayer Identification #, FID - federal Identification #) is mandatory to claim an exemption. Calculation of Purchase Price lines #1, #2 and #3 must be completed for all exempted purchases. The exemption claim is not valid without providing a required ID# and Purchase Price information. Exemptions available are:

1. Vehicles or watercraft purchased by Indiana or Federal governmental units or their instrumentalities.
2. Vehicles or watercraft purchased by nonprofit organizations operated exclusively for religious, charitable, or educational purposes and using the vehicle for the purpose for which such organization is exempt. The applicant MUST indicate its 13 digit Indiana TID and LOC number on the front of the form. The nonprofit name must be on the title to claim this exemption.
3. Issue title for the sole purpose of adding lien holder information. This exemption is not available to add, delete, or change the name on a title.
4. Trucks, not to be licensed for highway use, and to be directly used in direct production of manufacturing, mining, refining or harvesting of agricultural commodities. Ready-mix concrete trucks are exempt under this paragraph even though they are to be licensed for highway use. Vehicles registered with farm plates are not exempt.
5. Sales of motor vehicles or watercraft to Registered Retail Merchants acquiring the vehicles or watercraft to rent, or lease to others and whose ordinary course of business is to rent or lease vehicles or watercraft to others.
6. Vehicles or watercraft to be predominately used for hire in public transportation. (Hauling for hire.) Your USDOT number must be shown on the reverse side of this form. Predominate use is greater than 50%.
7. Vehicles or watercraft transferred from one individual to another with no consideration involved or received as outright gift or inheritance. Assumption of loan payments by the purchaser constitutes consideration and is therefore NOT exempt unless the transferred party was listed on the original security agreement. A copy of the original security agreement must be submitted with the title paperwork.
8. Vehicles previously purchased, titled and licensed in another State or Country by a bonafide resident of that State or Country, who subsequently has become an Indiana resident, are exempt from Indiana sales/use tax upon titling and registration of the vehicle in Indiana. Watercraft previously purchased, titled, or licensed in another state, by a bonafide resident of that state, who subsequently has become an Indiana resident, are exempt from sales/use tax upon titling or registration of the watercraft in Indiana. The New resident Statement on the front of the form MUST be completed.
9. Vehicles or watercraft purchased to be immediately placed into inventory for resale. NonIndiana dealers must enter both their FID number and their state’s Dealer License Number on this form in lieu of the Indiana TID number if they are not registered with the Indiana Department of Revenue. Note: Motor vehicle dealers are only exempt from sales tax on new motor vehicles purchased for which they possess a manufacturer’s franchise to sell that particular vehicle. If a dealer does not possess a manufacturer’s franchise to sell the new vehicle purchased the dealer must pay sales tax and the resale exemption is invalid. (I.C. 6-2.5-5-8)
10. Vehicles or watercraft, not to be licensed for use, which are eligible for a repossession title issued by the State of Indiana as a result of a bonafide credit transaction or salvage title resulting from an insurance settlement.
11. Transactions consisting of adding or deleting a spouse, child, grandparent, parent, or sibling of the owner of a motor vehicle only per 6-2.5-5-15.5. The Direct Relative Identification Statement on the front of the form MUST be completed.
12. Vehicles or watercraft won as a prize in a raffle or drawing which were previously titled by a qualified nonprofit organization. A valid Federal Miscellaneous Income Statement, Form 1099-MISC or an affidavit completed by the nonprofit organization must be submitted with the title paperwork in order for this exemption to be claimed. The affidavits must state the nonprofit organization name and exemption number, the winner’s name, address and social security number and the fair market value of the vehicle awarded as the prize.
13. Redemption of repossessed vehicles or watercraft by the original owner.
14. Indiana Department of Revenue use only. This exemption may not be used unless authorized by the Department by calling (317) 233-4017. A complete copy of each transaction claiming this exemption must be sent to IDOR, Compliance Division.
15. Sales tax paid to a non-BMV licensed dealer. The seller may be either an Indiana seller or an out of state seller. This amount will be used as a nonrefundable credit against the amount of Indiana sales tax due.

This agency is requesting the disclosure of your Social Security number in accordance with IC 4-1-8-1.

Disclosure is mandatory; this record cannot be processed without it.
APPLICATION FOR REGISTRATION OF VEHICLES USED FOR OFFICIAL BUSINESS
State Form S3565 (R5 / 6-18)
Indiana Bureau of Motor Vehicles

INSTRUCTIONS: 1. Complete in blue or black ink or print form.
2. Complete all information in sections 1, 2, 3, and 4, as applicable, and mail to the address listed above.
3. The application must be accompanied by a copy of each vehicle title, title application, or lease agreement if applying for registration only.
4. For a new license plate request, choose either the license plate type that is reflective of your entity, a standard passenger license plate, or other license plate type desired.
5. Indicate in Section 3 which of the municipal classifications applies to the entity named on this application. The entity must submit the requested documentation or proof that the entity meets the indicated classification.
6. A safety inspection must be completed by the Indiana State Police for all school bus plate applications.

<table>
<thead>
<tr>
<th>SECTION 1 - APPLICANT INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of Owner</td>
</tr>
<tr>
<td>Street Address of Entity (number and street)</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Mailing Address (if different from street address)</td>
</tr>
<tr>
<td>City</td>
</tr>
<tr>
<td>Name and Title of Entity's Executive Officer</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>SECTION 2 - VEHICLE INFORMATION</th>
</tr>
</thead>
<tbody>
<tr>
<td>(List the following information for each vehicle. Attach additional sheets if necessary.)</td>
</tr>
<tr>
<td>(1) Vehicle Identification Number (VIN): (Please enter in spaces below.)</td>
</tr>
<tr>
<td>Purchase or Lease Date (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Year</td>
</tr>
<tr>
<td>Description of Vehicle Official Business Usage (Law Enforcement Agency must include here if tactical or non-tactical vehicle.)</td>
</tr>
<tr>
<td>Financial Responsibility (Source of self-insurance or insurance company name and policy number)</td>
</tr>
</tbody>
</table>

The application is for: (check one)  
____ New License Plate  
____ Transfer an Existing License Plate: (plate number)  

License Plate Type: (check one)  
____ City Police ______ Sheriff ______ Municipal ______ School Bus  
____ State Owned University ______ Driver Education  
____ Law Enforcement Administrative  

Or you may choose one of the following:  
____ Passenger ______ Other: (Enter plate type.)
### Vehicle Identification Number (VIN): (Please enter in spaces below.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Type</th>
<th>Color</th>
<th>Gross Vehicle Weight (if applicable)</th>
</tr>
</thead>
</table>

### Description of Vehicle Official Business Usage (Law Enforcement Agency must include here if tactical or non-tactical vehicle.)

### Financial Responsibility (Source of self-insurance or insurance company name and policy number)

The application is for: (check one)

- [ ] New License Plate
- [ ] Transfer an Existing License Plate: ____________________________ (plate number)

License Plate Type: (check one)

- [ ] City Police
- [ ] Sheriff
- [ ] Municipal
- [ ] School Bus
- [ ] State Owned University
- [ ] Driver Education
- [ ] Law Enforcement Administrative

Or you may choose one of the following:

- [ ] Passenger
- [ ] Other: ____________________________ (enter plate type)

---

### Vehicle Identification Number (VIN): (Please enter in spaces below.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Type</th>
<th>Color</th>
<th>Gross Vehicle Weight (if applicable)</th>
</tr>
</thead>
</table>

### Description of Vehicle Official Business Usage (Law Enforcement Agency must include here if tactical or non-tactical vehicle.)

### Financial Responsibility (Source of self-insurance or insurance company name and policy number)

The application is for: (check one)

- [ ] New License Plate
- [ ] Transfer an Existing License Plate: ____________________________ (plate number)

License Plate Type: (check one)

- [ ] City Police
- [ ] Sheriff
- [ ] Municipal
- [ ] School Bus
- [ ] State Owned University
- [ ] Driver Education
- [ ] Law Enforcement Administrative

Or you may choose one of the following:

- [ ] Passenger
- [ ] Other: ____________________________ (enter plate type)

---

### Vehicle Identification Number (VIN): (Please enter in spaces below.)

<table>
<thead>
<tr>
<th>Year</th>
<th>Make</th>
<th>Model</th>
<th>Type</th>
<th>Color</th>
<th>Gross Vehicle Weight (if applicable)</th>
</tr>
</thead>
</table>

### Description of Vehicle Official Business Usage (Law Enforcement Agency must include here if tactical or non-tactical vehicle.)

### Financial Responsibility (Source of self-insurance or insurance company name and policy number)

The application is for: (check one)

- [ ] New License Plate
- [ ] Transfer an Existing License Plate: ____________________________ (plate number)

License Plate Type: (check one)

- [ ] City Police
- [ ] Sheriff
- [ ] Municipal
- [ ] School Bus
- [ ] State Owned University
- [ ] Driver Education
- [ ] Law Enforcement Administrative

Or you may choose one of the following:

- [ ] Passenger
- [ ] Other: ____________________________ (enter plate type)
SECTION 3 - ENTITY CLASSIFICATION

Please check one (1):

1. The State of Indiana
   ____ a) a state agency
   ____ b) a state university
   ____ c) other state entity

2. A municipal corporation (as defined in IC 36-1-2-10) *Municipal corporation* means any of the following:
   ____ a) a county, city, town, or township
   ____ b) school corporation (Must be listed as a school corporation with the Indiana Department of Education)
   ____ c) library district (Must be listed as a library with the Indiana State Library)
   ____ d) local housing authority (Must provide a certified copy of the ordinance(s) that establishes the authority)
   ____ e) fire protection district (Must be listed with the Indiana State Fire Marshall or Indiana Department of Homeland Security)
   ____ f) public transportation corporation (Must provide a certified copy of the ordinance(s) that establishes the corporation)
   ____ g) local building authority (Must provide a certified copy of the resolution or ordinance(s) that establishes the authority)
   ____ h) local hospital authority or corporation (Must provide a certified copy of the resolution or ordinance(s) that establishes the authority)
   ____ i) local airport authority (Must provide a certified copy of the resolution or ordinance(s) that establishes the authority)
   ____ j) special service district (Must provide a certified copy of the resolution or ordinance(s) that establishes the district)
   ____ k) other separate local governmental entity that may sue and be sued (Must provide a certified copy of the statute, ordinance or resolution that establishes the entity).

3. A volunteer fire department (as defined in IC 36-8-12-2) (Must be listed with the Indiana State Fire Marshall or Department of Homeland Security and provide a copy of the contract or resolution to provide firefighting services for a county, city, town, or township.)

4. A volunteer emergency ambulance service that meets the requirements of IC 16-31 and has only members that serve for no compensation or a nominal annual compensation of not more than $3,500.00. (Must be registered as a Volunteer Emergency Ambulance Service with the Indiana Emergency Medical Services and provide an official letter from the Indiana Emergency Medical Services Commission.)

5. A rehabilitation center funded under IC 12-12 (Must be listed as rehabilitation center with the Indiana Rehabilitation Bureau and provide a letter from the Indiana Rehabilitation Bureau of the FSSA.)

6. A community action agency (IC 12-14-23) (Must be designated by the Governor or under Federal law as a community action agency.)

7. An area agency of aging and the aged (IC 12-10-1-6) and a county council on aging that is funded through an area agency (Must provide a copy of the contract with the Bureau of Aging and In-Home Services.)

8. A community mental health center (IC 12-29-2) (Must provide a copy of the Division of Mental Health and Addiction’s certificate to operate in Indiana as a community mental healthcenter.)

For Law Enforcement License Plates (only available to these entities pursuant to IC 9-18-3-6): (Must provide official identification showing the representative is employed with the entity.)
   ____ a) The Indiana State Police Department
   ____ b) A county police department
   ____ c) A city or town police department

SECTION 4 - AFFIRMATION AND SIGNATURE

The authorized representative submitting this application swears or affirms under the penalty of perjury that the information provided in this application is true and correct, that the entity for which this application is made owns or leases the above listed vehicle(s) and uses it for official business pursuant to IC 9-18-3-1.

<table>
<thead>
<tr>
<th>Signature of Authorized Representative</th>
<th>Printed Name of Representative</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Title of Representative</th>
<th>Telephone Number of Representative</th>
</tr>
</thead>
</table>
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

<table>
<thead>
<tr>
<th>Account Holder (first, middle, last name or company name)</th>
<th>Driver’s License Number or Federal Identification Number</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Address (number and street)</td>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

SECTION 2 - PAYMENT INFORMATION

<table>
<thead>
<tr>
<th>Amount to be Charged: $___________</th>
<th>Description of the service / application to which the payment is related</th>
</tr>
</thead>
</table>

CREDIT CARD PAYMENT

| Type of Credit Card: □ Visa □ MasterCard □ Discover □ American Express |
| --- | --- | --- | --- |
| Credit Card Number: ----------------------------------- | Expiration Date (mm/yy): ______/______ |

ELECTRONIC CHECK PAYMENT

<table>
<thead>
<tr>
<th>Routing Number</th>
<th>Account Number</th>
</tr>
</thead>
</table>

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) |