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.

<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>
</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: _________________________________________________

Applicant Signature: _____________________________________________

Printed Name: _________________________________________________

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/yy): _______________

Lien (Y/N): _______________ Speed (Y/N): _______________ Dealer Number: _______________

BMV Use Only

Holder of First Lien, Mortgage, or Other Encumbrance / Special Mailing Address: _______________

Mailing Address (number and street): ______________________________________________

City: __________________________ State: ___________ ZIP Code: __________

Holder of Second Lien, Mortgage, or Other Encumbrance: _______________

Mailing Address (number and street): ______________________________________________

City: __________________________ State: ___________ ZIP Code: __________

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>
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<td></td>
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</tr>
</tbody>
</table>
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)**
**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>Name of Account Holder (first, middle, last, or company name)</th>
<th>Driver’s License Number (DLN) or Federal Identification Number</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Billing Address (number and street)</th>
<th>City</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></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>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**CREDIT CARD PAYMENT**

<table>
<thead>
<tr>
<th>Type of Credit Card:</th>
<th>Visa</th>
<th>MasterCard</th>
<th>Discover</th>
<th>American Express</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Credit Card Number: ___________ - ___________ - ___________ - ___________</th>
<th>Expiration Date (mm/yy): _____ / _____</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Electronic Check Payment**

<table>
<thead>
<tr>
<th>Routing Number:</th>
<th>Account Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### SECTION 4 - AFFIRMATION STATEMENT

I hereby authorize the Indiana Bureau of Motor Vehicles to charge the account indicated above.

<table>
<thead>
<tr>
<th>Signature of Account Holder / Authorized User</th>
<th>Printed Name</th>
<th>Date Signed (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>