



STATE OF INDIANA

Eric J. Holcomb, Governor

Peter L. Lacy, Commissioner

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.					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.									
<table border="1"> <tr> <td>Year</td> <td>Make</td> <td>Model</td> <td>Type</td> <td>Date (mm/dd/yyyy)</td> </tr> </table>					Year	Make	Model	Type	Date (mm/dd/yyyy)	Applicant Signature: _____				
Year	Make	Model	Type	Date (mm/dd/yyyy)										
Inspector's Printed Name and Title					Printed Name: _____									
Inspector's Signature					Applicant Signature: _____									
Badge, Branch, or Dealer Plate Number					Printed Name: _____									
Transaction Number					Date (mm/dd/yyyy): _____									
Branch Number					Invoice Number									
Social Security Number / Federal Identification Number *					BMV Use Only									
Name of Applicant					State									
Residence Address (number and street)					City									
Vehicle Identification Number					ZIP Code									
Vehicle Year					Odometer									
Vehicle Make					Vehicle Model									
Vehicle Model					Vehicle Type									
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									
\$					\$									
\$					\$									



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

- 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

Identification Number

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

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			



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)
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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)
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Printed Name(s) of Purchaser(s)

Address of Purchaser(s) (number and street)

City	State	ZIP Code
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Form
ST-108E
 State Form 48841
 (R4 / 3-08)

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

NAME OF DEALER		Dealer's RRMC # (Registered Retail Merchant Certificate Number) <table border="1"> <tr> <td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td> <td> </td><td> </td><td> </td> </tr> <tr> <td colspan="10">TID# (10 digits)</td> <td colspan="3">LOC# (3 digits)</td> </tr> </table>															TID# (10 digits)										LOC# (3 digits)		
TID# (10 digits)										LOC# (3 digits)																			
Dealer's FID # (Federal Identification Number, 9 digits)		Dealer's License Number(seven digits)																											
Address of Dealer	City	State	Zip Code																										
NAME OF PURCHASER(S) (PRINT OR TYPE)		SSN, TID, OR FID # (Mandatory)																											
Address of Purchaser	City	State	Zip Code																										

Vehicles Identification Information of Purchase

VIN # (Vehicle Identification Number) or HIN # (Hull Identification Number)	Year	Make	Model/Length
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Calculation Of Purchase Price		Trade in Information		
1. Total Purchase Price	1.	VIN # (Vehicle Identification Number) or HIN # (Hull Identification Number)		
2. Trade-Allowance (Like-kind exchanges only).....	2.	Year	Make	Model/Length
3. Net Purchase Price (Line 1 minus Line 2).....	3.			

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.
 Date of Purchase _____

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..... 3. _____
 (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 53565 (R5 / 6-18)
Indiana Bureau of Motor Vehicles

BUREAU OF MOTOR VEHICLES
Municipal Processing
100 North Senate Avenue
Room N415
Indianapolis, IN 46204

- 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.

SECTION 1 - APPLICANT INFORMATION									
Name of Owner							Federal Identification Number		
Street Address of Entity (number and street)									
City				State IN	ZIP Code		County		Township
Mailing Address (if different from street address)					City		State IN	ZIP Code	
Name and Title of Entity's Executive Officer					Telephone Number				
SECTION 2 - VEHICLE INFORMATION									
<i>(List the following information for each vehicle. Attach additional sheets if necessary.)</i>									
(1) Vehicle Identification Number (VIN): (Please enter in spaces below.)							Purchase or Lease Date (mm/dd/yyyy)		
Year		Make		Model		Type	Color	Gross Vehicle Weight (if applicable)	
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) <input type="checkbox"/> New License Plate <input type="checkbox"/> Transfer an Existing License Plate: _____ (plate number)					License Plate Type: (check one)				
					<input type="checkbox"/> City Police <input type="checkbox"/> Sheriff <input type="checkbox"/> Municipal <input type="checkbox"/> School Bus <input type="checkbox"/> State Owned University <input type="checkbox"/> Driver Education <input type="checkbox"/> Law Enforcement Administrative Or you may choose one of the following: <input type="checkbox"/> Passenger <input type="checkbox"/> Other: _____ (Enter plate type.)				

(2) Vehicle Identification Number (VIN): (Please enter in spaces below.)														Purchase or Lease Date (mm/dd/yyyy)			
Year		Make				Model				Type		Color		Gross Vehicle Weight (if applicable)			
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) <input type="checkbox"/> New License Plate <input type="checkbox"/> Transfer an Existing License Plate: _____ (plate number)										License Plate Type: (check one) <input type="checkbox"/> City Police <input type="checkbox"/> Sheriff <input type="checkbox"/> Municipal <input type="checkbox"/> School Bus <input type="checkbox"/> State Owned University <input type="checkbox"/> Driver Education <input type="checkbox"/> Law Enforcement Administrative Or you may choose one of the following: <input type="checkbox"/> Passenger <input type="checkbox"/> Other: _____ (enter plate type)							
(3) Vehicle Identification Number (VIN): (Please enter in spaces below.)														Purchase or Lease Date (mm/dd/yyyy)			
Year		Make				Model				Type		Color		Gross Vehicle Weight (if applicable)			
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) <input type="checkbox"/> New License Plate <input type="checkbox"/> Transfer an Existing License Plate: _____ (plate number)										License Plate Type: (check one) <input type="checkbox"/> City Police <input type="checkbox"/> Sheriff <input type="checkbox"/> Municipal <input type="checkbox"/> School Bus <input type="checkbox"/> State Owned University <input type="checkbox"/> Driver Education <input type="checkbox"/> Law Enforcement Administrative Or you may choose one of the following: <input type="checkbox"/> Passenger <input type="checkbox"/> Other: _____ (enter plate type)							
(4) Vehicle Identification Number (VIN): (Please enter in spaces below.)														Purchase or Lease Date (mm/dd/yyyy)			
Year		Make				Model				Type		Color		Gross Vehicle Weight (if applicable)			
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) <input type="checkbox"/> New License Plate <input type="checkbox"/> Transfer an Existing License Plate: _____ (plate number)										License Plate Type: (check one) <input type="checkbox"/> City Police <input type="checkbox"/> Sheriff <input type="checkbox"/> Municipal <input type="checkbox"/> School Bus <input type="checkbox"/> State Owned University <input type="checkbox"/> Driver Education <input type="checkbox"/> Law Enforcement Administrative Or you may choose one of the following: <input type="checkbox"/> Passenger <input type="checkbox"/> 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.

Signature of Authorized Representative	Printed Name of Representative	Date (mm/dd/yyyy)
Title of Representative	Telephone Number of Representative ()	



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)