STATE OF INDIANA

Michael R. Pence, Governor Kent A. Schroder, Commissioner

COURT ORDER
TITLE APPLICATION CHECKLIST

All court order title applications are processed by BMV Central Office Title Processing to improve the security and efficiency of these transactions. Prior to submitting each application, please verify that all required information is included. Contact (888) 692-6841 with any questions.

When submitting paperwork, include the following:

- ☐ Completed and signed Application for Certificate of Title – State Form 44049
- ☐ Court Order – must establish ownership, provide a description of the vehicle (year, make, VIN), direct the BMV to issue title to the owner, and contain the signature of the judge and court seal or stamp. The order must be error free. Erasures or altered orders will not be accepted.
- ☐ Physical Inspection of a Vehicle or Watercraft – State Form 39530 completed by law enforcement. If the VIN/HIN on the inspection does not match the VIN/HIN on the court order, a corrected court order will be required before the transaction can be processed.
- ☐ Odometer Disclosure Statement – State Form 43230. Completed by the court appointed owner. (All trailers and motor vehicles over 16,000 lbs exempt.)
- ☐ Proof of Indiana Residency. Examples include an Indiana driver's license or ID card, utility bill dated within the past sixty (60) days, USPS change of address confirmation, or W-2. Visit mybmv.com for a complete list of acceptable documents.
- ☐ $15 title application fee. Fees are payable by credit card (MasterCard or Visa), check, electronic check, or money order. A $21.00 delinquent fee will be assessed on packets received 31 days after the file stamp date on the Court Order.
- ☐ Sales tax payment required if vehicle is also transferring ownership. Sales tax is 7% of the dollar amount listed on the order, or attach a bill of sale or purchase agreement. If no information is available to determine the purchase price, and bill of sale is not attached, sales tax payment will be based on the NADA fair market value of the vehicle.

If the Bureau of Motor Vehicles determines that sufficient credible evidence exists to substantiate the applicant's claim of ownership, a title will be issued. For your convenience, the required forms are included with this checklist. The forms are also available at **myBMV.com**. Mail the completed packet to:

Central Office Title Processing
100 North Senate Avenue, Room N411
Indianapolis, IN 46204

Note: Include this checklist on the top of your application with contact information provided below. If all required documents are not submitted or information is incomplete the entire application will be returned.

Print Name _____

Phone Number _____ Email (optional) _____

APPLICATION FOR CERTIFICATE OF TITLE ● STATE OF INDIANA ● BUREAU OF MOTOR VEHICLES

State Form 44049 (R4 / 3-02) Approved by State Board of Accounts 2002

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.

VEHICLE IDENTIFICATION NUMBER

11 13 17

YR.	MAKE	MODEL	TYPE	DATE

INSPECTOR'S PRINTED NAME & TITLE	CITY

INSPECTOR'S SIGNATURE	BADGE, BRANCH OR DEALER PLATE NO.

I/WE THE UNDERSIGNED SWEAR OR AFFIRM THAT THE INFORMATION ENTERED ON THIS FORM IS CORRECT. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY. FUTHERMORE, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE INDIANA BMV FROM ANY LIABILITY ARISING FROM THIS TRANSACTION.

X _____

X _____

DATE: _____

The law requires that you apply for Certificate of Title within thirty-one days from the date of purchase of a motor vehicle. There is a **delinquent fee** for failure to do so. Attach Certificate of Title assigned by seller. On endorsed Titles, liens must be released. Supporting documents surrendered with this application cannot be returned to the applicant. ***In accordance with Federal Code 383.**

1.	TITLE NUMBER	BRANCH NO.	INVOICE NO.	BMV USE ONLY				
2.	*SOC. SEC./FEDERAL I.D.NO.	APPLICANT'S NAME					BMV USE ONLY	
3.	STREET ADDRESS	CITY			STATE	ZIP CODE		
4.	VEHICLE I.D. NUMBER	VEH.YEAR	VEH. MAKE	VEH. MODEL NO.	VEH TYPE	ODOMETER		
5.	FORMER TITLE NUMBER	PURCHASE DATE	LIEN	SPEED	PICK UP	MAIL	DEALER NO.	BMV USE ONLY
6.	FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS				STREET ADDRESS			
7.	CITY	STATE	ZIP CODE		BMV USE ONLY			
8.	SECOND LIEN'S NAME				STREET ADDRESS			
9.	CITY	STATE	ZIP CODE	LICENSE NUMBER	LICENSE YEAR	FORMS USED	BMV USE ONLY	

GROSS RETAIL & USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BELOW.

10.	SELLING PRICE	LESS TRADE-IN *	AMOUNT SUBJECT TO TAX	AMOUNT OF TAX	DEALER	BRANCH	EXEMPT	IF EXEMPT PLACE PARA.#
	$	$	$	$				

*Your Social Security number / Federal I.D. number is being requested by this agency under IC 4-1-8-1. Disclosure is manadatory and this document cannot be processed without it.

APPLICANT RESPONSIBLE FOR ACCURACY OF INFORMATION

APPLICATION FOR CERTIFICATE OF TITLE ● STATE OF INDIANA ● BUREAU OF MOTOR VEHICLES

BUREAU - TO BE MAILED WITH TITLE REPORT

INSTRUCTIONS

Sign and date on top right signature line.

Line 2
Enter the name (s) (individual(s) or company) and Social Security or Federal Identification Number of the owner(s).

Line 3
Enter the legal address of the owner(s). The legal address is the physical location of the owner's residence or business.

Line 4
Enter the VIN, Year, Make, Model Number and Vehicle Type (examples include: 2S (2 door sedan), 4S (4 door sedan), CN (convertible), CP (coupe), 2W (2 door wagon), 4W (4 door wagon), VA (van), TK (truck), MC (motorcycle), TR (trailer), SE (Semi Trailer), TC (Semi Tractor), RV (recreational vehicle- including motor home and travel trailer), MH (Mobile Home), AT (All Terrain), and LS (Low Speed).

Line 5
Enter the former title number and purchase date. Lien Y/N. If speed title is requested state 'yes' and include an additional $25 with application.

Line 6 & 8
Indicate lien holder name(s) and mailing address. If there is no lien and title should be mailed to a special one time address include on line 6&7.

Line 10
Not required to be completed. However, appropriate tax form or payment should be included with title application.

Reset Form

PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R5 / 12-11)
Approved by State Board of Accounts, 2011
INDIANA BUREAU OF MOTOR VEHICLES

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 designated by the Indiana Secretary of State, a military policeman assigned to a military post in Indiana, a police officer, or a designated employee of a BMV full or partial service license branch.*
4. *Police officers completing this form may not charge a fee of more than $5.00 for vehicles. No fee may be collected for watercraft inspections. Authorized Indiana dealers and BMV full or partial service license branches may not assess a fee.*
5. *Dealers may not perform watercraft inspections.*

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	ZIP Code
Telephone Number ( )	Email Address		

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)*

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

Payment Information

Pay by:

- ☐ *Check or money order*
- ☐ *Credit Card (MasterCard or Visa)*
- ☐ *Electronic check*

☐ *I hereby authorize the Indiana Bureau of Motor Vehicles to charge the credit card indicated below:*

Type of card: ☐ *MasterCard* ☐ *Visa*

*Name of cardholder:*_____

*Account Number:*_____

*Expiration Date:*_____

☐ *I hereby authorize the Indiana Bureau of Motor Vehicles to charge the checking account indicated below:*

Routing Number										*Account Number*														