ACQUISITION OR SALE OF A MAJOR COMPONENT – PART

State Form 56077 (6-16)

INDIANA SECRETARY OF STATE
AUTO DEALER SERVICE DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204
Fax number: (317) 233-1915
E-mail: Dealers@sos.in.gov

INSTRUCTIONS:

1. *Complete in blue or black ink or print completed form.*
2. *This form must be completed for each major component part acquired or sold by the automotive salvage recycler that was sourced from a vehicle manufactured within the last seven (7) model years.*
3. *A separate form must be completed for each major component part acquired or sold.*
4. *This form, verification of purchaser's identity, and the invoice(s) for the major component part must be kept with the bill of sale.*
5. *This form is not required if the purchaser is a hulk crusher or scrap metal processor and the seller is a licensed automotive salvage recycler.*

AUTOMOTIVE SALVAGE RECYCLER INFORMATION

Name of Automotive Salvage Recycler	Dealer Number	County	
Address of Established Place of Business *(number and street)*	City	State	ZIP Code
Telephone Number ( )	E-mail Address		

MAJOR COMPONENT PART INFORMATION

Vehicle Identification Number (VIN)	
Description of major component part *(including any identifying marks)*	
Major Component Part Serial Number	Major Component Part Stock Number
Source Vehicle Make, Model, and Year	Source Vehicle Stock Number *(if applicable)*
Source Vehicle Identification Number (VIN)	

DEALER ACQUISITION INFORMATION

Name of Seller	Seller Dealer Number *(if applicable)*		
Signature of Seller			
Address of Seller *(number and street)*	City	State	ZIP Code
Form of identification presented	Telephone Number of Seller ( )		
Date Acquired *(mm/dd/yyyy)*	Invoice Number *(if applicable)*		

How Major Component Part was Acquired:

☐ Removed from vehicle owned by automotive salvage recycler ☐ Other: _____

MAJOR COMPONENT PART RETAIL SALE INFORMATION

Name of Purchaser	Purchaser Dealer Number *(if applicable)*		
Signature of Purchaser			
Address of Purchaser *(number and street)*	City	State	ZIP Code
Form of identification presented	Telephone Number of Purchaser ( )		
Date Sold *(mm/dd/yyyy)*	Invoice Number *(if applicable)*		

AUTOMOTIVE SALVAGE RECYCLER AFFIRMATION

I swear or affirm that the information contained on this form is, to the best of my knowledge, true and correct. I understand that making a false statement may constitute the crime of perjury.

Signature of Automotive Salvage Recycler Employee	Date Signed (*mm/dd/yyyy*)
Printed Name of Automotive Salvage Recycler Employee	