



CONVENIENCE FEE DISCLOSURE

State Form 56075 (7-16)
Approved by State Board of Accounts, 2016
INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Complete in blue or black ink, or print form.
 2. An original or electronic signature is required. Purchaser cannot assign Power of Attorney (POA) signatory rights for this form.
 3. A Company may submit one form and attach a separate sheet which lists all vehicles and watercraft being sent to the Full or Partial Service Provider (FSP/PSP) for processing.
 4. Indiana Code 9-14.1-3-3 establishes convenience fee disclosure form requirements.

SECTION 1 – APPLICANT INFORMATION													
Name of Applicant (first, middle, last or company name)													
Mailing Address (number and street)								City		State		ZIP Code	
SECTION 2 – VEHICLE/WATERCRAFT INFORMATION													
Vehicle Identification Number (VIN) / Hull Identification Number (HIN)										Vehicle/Watercraft Year		Vehicle/Watercraft Make	
SECTION 3 – FEE INFORMATION													
Fee Type								Convenience Fee Amount					
<input type="checkbox"/> Title				<input type="checkbox"/> Registration									
SECTION 4 – APPLICANT AFFIRMATION													
<p>I swear and affirm under the penalties for perjury that the information entered in Section 1 and Section 2 on this form is true and correct. I am aware of the convenience fee being charged by the Full or Partial Service Provider (FSP/PSP) and that the location of the nearest Bureau of Motor Vehicles Commission (BMVC) license branch to this FSP/PSP has been provided to me.</p> <p>By signing this form, I have been made aware of and understand: (Read and check each box.)</p> <p><input type="checkbox"/> This convenience fee is not charged at a BMVC license branch;</p> <p><input type="checkbox"/> This convenience fee does not exceed 150% of the applicable BMV fee;</p> <p><input type="checkbox"/> The nearest BMVC license branch location is _____ miles away from this FSP/PSP location.</p>													
Name and Address of Nearest BMVC License Branch						Hours of Operation							
_____						Monday: _____							
_____						Tuesday: _____							
_____						Wednesday: _____							
_____						Thursday: _____							
_____						Friday: _____							
_____						Saturday: _____							
Signature of Applicant				Printed Name and Position (e.g. agent or representative, if a company)				Date Signed (mm/dd/yyyy)					
<p>Full or Partial Service Provider (FSP/PSP) Use Only</p> <p><i>This form must be imaged with all title paperwork, and a copy must be retained by the FSP/PSP in their end of day files for audit.</i></p>													