



AFFIDAVIT OF OWNERSHIP

Vehicle Title Application Checklist

If you cannot obtain a certificate of title from the seller of your vehicle, and the vehicle is valued at \$5,000 or less, according to NADA average retail or clean retail value, you may apply for a certificate of title by completing an [Affidavit of Ownership for a Vehicle State Form 23037](#).

Passenger, motorcycle, truck, trailer, off-road vehicle, snowmobile, RV, farm tractor, low speed, semitrailer, watercraft, and manufactured homes are all eligible for the Affidavit of Ownership process as long as the vehicle value is \$5,000 or less.

When submitting paperwork, include the following:

- ☐ [Application for Certificate of Title for a Vehicle – State Form 205](#)
- ☐ [Application for Certificate of Watercraft Title - State Form 38529](#)
- ☐ [Affidavit of Ownership for a Vehicle - State Form 23037](#)
- ☐ Bill of Sale. Must include the vehicle year, make, VIN, seller, purchaser, purchase price, and purchase date.
- ☐ A lien release is required for all vehicles where the most current title on record has a lien recorded.
- ☐ An unopened and unclaimed certified letter mailed to the seller's (and lien holder, if applicable) last known address requesting the title. If the envelope is opened, **your application will be rejected**.
- ☐ A copy of the certified letter you mailed to the seller's (and lien holder, if applicable) last known address.
- ☐ [Physical Inspection of a Vehicle or Watercraft – State Form 39530](#). Must be completed by a law enforcement officer or an employee of a BMV license branch.
- ☐ [Odometer Disclosure Statement – State Form 43230](#). All trailers and motor vehicles weighing over 16,000 pounds are exempt. Mileage will be branded as "Not Actual" unless a completed and signed odometer statement from the owner of record is provided.
- ☐ One proof of address. A driver's license or identification card may be accepted as proof if the address on the credential is correct. If the address is not correct, any document from the approved [BMV documentation list](#) that is dated within the last 60 days may be used as proof. To view the approved documentation list, click on the link provided or visit myBMV.com.
- ☐ Submit payment for the following vehicle or watercraft (as applicable) 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 purchase date.
 - ☐ \$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.
 - ☐ If the vehicle/watercraft is transferring ownership, include 7% sales tax of the dollar amount listed on the Bill of Sale or provide proof of sales tax paid on an [ST108 – Certificate of Gross Retail or Use Tax Paid – State Form 48842](#). If exempt from sales tax, include an [ST108E – Certificate of Gross Retail or Use Tax Exemption – State Form 48841](#).
- ☐ Vehicle color: _____ (List color on line)
- ☐ Vehicle fuel type (select one):
 - ☐ Gasoline
 - ☐ Diesel
 - ☐ Hybrid
 - ☐ Electric
 - ☐ Other

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. | | | | | 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. | | | | | |
| Year | Make | Model | Type | Date (mm/dd/yyyy) | | | | | | |
| Inspector's Printed Name and Title | | | City | | | | | | | |
| Inspector's Signature | | Badge, Branch, or Dealer Plate Number | | | | | | | | |
| 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 | | | |
| 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 |
| \$ | \$ | | \$ | | \$ | | | | | |



APPLICATION FOR CERTIFICATE OF WATERCRAFT TITLE

State Form 38529 (R9 / 03-20)

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 watercraft 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. | | | |
| Hull 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. | | | |
| Year | Make | Registration Number | Date (mm/dd/yyyy) | Applicant Signature: _____ | | | |
| Inspector's Printed Name and Title | | | City | Printed Name: _____ | | | |
| Inspector's Signature | | | Badge, Branch, or Dealer Plate Number | Applicant Signature: _____ | | | |
| | | | | Printed Name: _____ | | | |
| | | | | Date (mm/dd/yyyy): _____ | | | |
| Transaction Number | | Branch Number | Invoice Number | BMV Use Only | | | |
| Registration Number | | Former Title Number | | Purchase Date (mm/dd/yyyy) | | Make | |
| Series or Model | | Hull Identification Number | | Length | Year | Hull Type | |
| Watercraft Type | | Watercraft Use | | Propulsion Type | | Fuel Type | |
| Social Security Number / Federal Identification Number * | | | Horsepower | Applicant's County of Residence | | | |
| Name of Applicant | | | | Street Address (number and street) | | | |
| City | | | | State | | ZIP Code | |
| 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 | | Dealer Number | |
| Gross Retail and Use Tax Affidavit – I/We hereby certify that sales or use tax on this watercraft was paid as indicated below. | | | | | | | |
| Selling Price | Less Trade-In / Discount | Amount Subject to Tax | Amount of Tax | Dealer | Branch | Exempt | Exemption Code |
| \$ | \$ | \$ | \$ | | | | |



AFFIDAVIT OF OWNERSHIP FOR A VEHICLE

State Form 23037 (R7 / 4-11)

INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES

100 North Senate Avenue, N411

Indianapolis, IN 46204

* This agency is requesting disclosure of your Social Security Number in accordance with IC 4-1-8; disclosure is mandatory and this record cannot be processed without it.

- INSTRUCTIONS:** 1. An applicant who is unable to obtain a properly executed title for a vehicle may present the below form to obtain a certificate of title.
2. Please complete in blue or black ink or printform.
3. The retail value of the vehicle must meet the requirements as determined by the Bureau.
4. The purchaser must have a notarized Bill of Sale or a Bill of Sale signed under penalty of perjury which indicates the vehicle's year, make, VIN, seller, purchaser, and purchase price. Sales tax will be assessed by the amount indicated on the Bill of Sale.
5. An unopened, unclaimed certified letter to the seller's (and lien holder, if applicable) last known address requesting the title must be presented with this affidavit. A copy of the unopened letter should be included to confirm the request for the title to the vehicle in question. Do not open the original letter.
6. Include a lien release, if necessary.
7. A VIN inspection completed by law enforcement is required.
8. Include an Odometer Disclosure Statement, if applicable

PURCHASER INFORMATION

| | | | | | |
|--|--|------|--|----------|--|
| Purchaser's Name (last, first, middle initial or company name) | | | Social Security Number* or Federal Identification Number | | |
| Purchaser's Legal Address (number and street) | | City | State | ZIP Code | |

VEHICLE INFORMATION

| | | | | | | |
|-------------------------------|--------------|--------------|---------------|--------------|---------------|----------------------|
| Vehicle Identification Number | Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Type | Vehicle Color | License Plate Number |
| | | | | | | |

SELLER INFORMATION

| | |
|---|---------------------|
| Seller's Name (last, first, middle initial or company name) | |
| Seller's Legal Address (number and street) | City State ZIP Code |
| Date of Sale (mm/dd/yyyy) | Purchase Price \$ |

This affidavit is submitted to request the State of Indiana, Bureau of Motor Vehicles to issue an Indiana Certificate of Title.

I warrant and agree to defend this claim and to indemnify and hold harmless the Indiana Bureau of Motor Vehicles from any 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 may constitute the crime of perjury.

| | | |
|------------------------|--------------|--------------------------|
| Signature of Purchaser | Printed Name | Date Signed (mm/dd/yyyy) |
|------------------------|--------------|--------------------------|

**BILL OF SALE**

State Form 44237 (R4 / 7-17)

INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS: 1. Complete in blue or black ink or print form.

| VEHICLE OR WATERCRAFT INFORMATION | | | | | | | | | | | | | | | |
|---|--|--|--|------|--|--|--|-------|--|---------------------------|--|---|----------|--|--|
| Vehicle or Hull Identification Number | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | |
| Year | | | | Make | | | | Model | | | | Registration Number (If applicable, watercraft only) | | | |
| | | | | | | | | | | | | | | | |
| SALE INFORMATION | | | | | | | | | | | | | | | |
| Purchase Price | | | | | | | | | | Date of Sale (mm/dd/yyyy) | | | | | |
| I do hereby sell, transfer and convey all rights for the above vehicle / watercraft to the purchaser in consideration of the sale payment amount. I certify that the vehicle / watercraft is not subject to any liens that are the responsibility of the seller. | | | | | | | | | | | | | | | |
| I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury. | | | | | | | | | | | | | | | |
| Signature of Seller | | | | | | | | | | | | Date (mm/dd/yyyy) | | | |
| Printed Name of Seller (last, first, middle initial or company name) | | | | | | | | | | | | | | | |
| Signature of Seller | | | | | | | | | | | | Date (mm/dd/yyyy) | | | |
| Printed Name of Seller (last, first, middle initial or company name) | | | | | | | | | | | | | | | |
| Address of Seller (number and street) | | | | | | | | | | | | | | | |
| City | | | | | | | | | | State | | | ZIP Code | | |
| I 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 of Purchaser | | | | | | | | | | | | Date (mm/dd/yyyy) | | | |
| Printed Name of Purchaser (last, first, middle initial or company name) | | | | | | | | | | | | | | | |
| Signature of Purchaser | | | | | | | | | | | | Date (mm/dd/yyyy) | | | |
| Printed Name of Purchaser (last, first, middle initial or company name) | | | | | | | | | | | | | | | |
| Address of Purchaser (number and street) | | | | | | | | | | | | | | | |
| City | | | | | | | | | | State | | | ZIP Code | | |



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)

Address of Seller(s) (number and street, city, state, and ZIP code)

certify to the best of my knowledge that the

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



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 | | | | | | | | | | | | | |
| <input type="checkbox"/> Identification Number <input type="checkbox"/> 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 | | | | | | | | |



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) |