



APPLICATION FOR CERTIFICATE OF AUTHORITY – DISPOSAL OF A VEHICLE

State Form 55018 (R6 / 7-24)

Reset Form

BUREAU OF MOTOR VEHICLES

100 North Senate Avenue

Room N411

Indianapolis, IN 46204

The legal authority for this form is IC 9-22-5-3.

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
 2. Please indicate your preferred method of delivery by checking the box for "Email" or "USPS Mail" in Section 1.
 3. The completed application, supporting documentation, and the \$4.00 application fee must be mailed to the address printed in the top-right hand corner of this form.

SECTION 1A – APPLICANT INFORMATION				SECTION 1B – SALVAGE RECYCLER INFORMATION <i>(if applying on behalf of the applicant in section 1A)</i>			
Name of Applicant(s) <i>(first, middle, last, or company name)</i>				Name of Automotive Salvage Recycler <i>(company name)</i>			
Mailing Address <i>(number and street)</i>				Mailing Address <i>(number and street)</i>			
City	State	ZIP Code		City	State	ZIP Code	
Telephone Number <i>(required)</i>				Dealer Number		Telephone Number <i>(required)</i>	
Preferred Method of Delivery: <input type="checkbox"/> USPS Mail				<input type="checkbox"/> E-Mail _____			
SECTION 2 - VEHICLE INFORMATION							
Vehicle Identification Number <input type="checkbox"/> No Vehicle Identification Number <i>(If no VIN, Physical Inspection of a Vehicle or Watercraft – State Form 39530 must be completed by a police officer.)</i>							
Vehicle Year	Vehicle Make	Vehicle Model			Vehicle Type	Vehicle Color	
Reason for Request:		<input type="checkbox"/> Abandoned Vehicle <input type="checkbox"/> Certificate of Title is faulty, lost or destroyed.					
Include a concise statement regarding the reason a certificate of title is unavailable, explain how the vehicle came into your possession <i>(if applicable)</i>, and provide the reasons for disposal of the vehicle. Attach additional sheets if necessary.							
I swear or affirm under the penalties for perjury that the information I have entered on this form is true and correct and that no material fact has been withheld. I understand that making a false statement may constitute the crime of perjury.							
Signature of Applicant				Printed Name		Date Signed <i>(mm/dd/yyyy)</i>	
SECTION 3 – BMV USE ONLY							
The applicant is approved to sell this vehicle to a licensed automotive salvage recycler for scrap metal. The licensed automotive salvage recycler may accept this Certificate of Authority in place of a certificate of title to the vehicle.							
Designee of Indiana Bureau of Motor Vehicles Commissioner				Printed Name		Date Approved <i>(mm/dd/yyyy)</i>	
SECTION 4 – AUTOMOTIVE SALVAGE RECYCLER USE ONLY							
<i>After destroying or dismantling the vehicle, complete the section below and mail this form to:</i>							
BMV Document Management 100 N. Senate Ave., Rm. 412 Indianapolis, IN 46204							
*After delivery of this Certificate to the BMV, a certificate of title will not be issued for the motor vehicle identified above.							
I hereby certify that this vehicle was destroyed or dismantled and should be recorded as 'JUNK' in BMV records. I swear or affirm under the penalties for perjury that this statement is correct. I understand making a false statement may constitute the crime of perjury.							
Name of Company						Dealer Number	
Street Address <i>(number and street)</i>			City		State	ZIP Code	
Signature of Representative			Printed Name		Date Signed <i>(mm/dd/yyyy)</i>		