



# APPLICATION FOR CERTIFICATE OF AUTHORITY – DISPOSAL OF A VEHICLE

State Form 55018 (R5 / 12-21)

**BUREAU OF MOTOR VEHICLES**

100 North Senate Avenue

Room N411

Indianapolis, IN 46204

- 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. An email address must be provided if requesting email delivery. If no selection is made, the approved application will be sent to the applicant at the address provided.
  3. If the vehicle does not have a vehicle identification number (VIN), check the "none" box in section 2. A Physical Inspection of a Vehicle or Watercraft – State Form 39530 must be completed by a police officer to verify that there is not a VIN. The form must be submitted with the application.
  4. The completed application, supporting documentation, and the \$4.00 application fee, which is charged in accordance with Indiana Code 9-22-5-3, must be mailed to the address printed in the top-right hand corner of this form.

## SECTION 1 - APPLICANT INFORMATION

Name of Applicant(s) (first, middle, last, or company name)				
Legal Address (number and street)		City	State	ZIP Code
Mailing Address, if different than Legal Address (number and street)		City	State	ZIP Code
County	Telephone Number (required) (     )		E-mail Address (optional)	
Preferred Method of Delivery:	<input type="checkbox"/> E-mail (Please provide e-mail address)		<input type="checkbox"/> USPS Mail	

## SECTION 2 - VEHICLE INFORMATION

Vehicle Identification Number <input type="checkbox"/> No Vehicle Identification Number												
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 (if applicable), 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 (mm/dd/yyyy)
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## 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 (mm/dd/yyyy)
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## SECTION 4 – AUTOMOTIVE SALVAGE RECYCLER USE ONLY

After destroying or dismantling the vehicle, complete the section below and mail this form to:

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 (number and street)	City	State	ZIP Code
Signature of Representative	Printed Name	Date Signed (mm/dd/yyyy)	