



APPLICATION FOR CERTIFICATE OF AUTHORITY - DISPOSAL OF A VEHICLE

State Form 55018 (R2 / 7-16)
Approved by State Board of Accounts, 2016
INDIANA BUREAU OF MOTOR VEHICLES

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. An approved application will be returned to the applicant at the mailing address provided below. Approval is valid for six (6) months from the approval date.
 3. The completed application, supporting documentation, and the 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)																							
Mailing Address (number and street)						City			State		ZIP Code												
County			Telephone Number (required) ()			Email Address (optional)																	
SECTION 2 - VEHICLE INFORMATION																							
Vehicle Identification Number																							
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td><td style="width: 10%;"> </td> </tr> </table>																							
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																				
<p>Include a detailed 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.</p> <p>-----</p> <p>-----</p>																							
<p>I swear and 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.</p>																							
Signature of Applicant				Printed Name				Date Signed (mm/dd/yyyy)															
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SECTION 3 – BMV USE ONLY																							
<p>The applicant is approved to sell this vehicle to a licensed automotive salvage recycler for scrap metal. The licensed automotive salvage recycler shall accept this Certificate of Authority in place of a certificate of title to the vehicle.</p> <div style="text-align: center; margin-top: 20px;"> <table border="2" style="margin: auto;"> <tr> <td style="padding: 10px;">BMV SEAL</td> </tr> </table> </div>												BMV SEAL											
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Designee of Indiana Bureau of Motor Vehicles Commissioner						Printed Name			Date Approved (mm/dd/yyyy)														
SECTION 4 – AUTOMOTIVE SALVAGE RECYCLER USE ONLY																							
<p>Complete below and return this form to the BMV after destroying or dismantling the vehicle. Mail to: PO Box 100, Winchester, IN 47394</p> <p><i>*After delivery of this Certificate to the BMV, a certificate of title may not be issued for the motor vehicle described above.</i></p>																							
<p>I hereby certify that this vehicle was destroyed or dismantled and should be recorded as 'JUNK' in BMV records. I swear and affirm under the penalties for perjury that this statement is correct. I understand making a false statement may constitute the crime of perjury.</p>																							
Name of Company								Dealer Number															
Street Address (number and street)						City		State		ZIP Code													
Signature of Representative						Printed Name			Date Signed (mm/dd/yyyy)														