



APPLICATION TO REMOVE ERRONEOUS JUNK BRAND

State Form 55281 (R2 / 12-24)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES

100 North Senate Avenue
Room N483
Indianapolis, IN 46204

The legal authority for this form is IC 9-17.

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
 2. This form must only be used to correct existing Indiana title records.

| SECTION 1 - OWNER INFORMATION | | | | | | | | | | | | | | |
|---|--|--|--|--------------|--|--|--------------|--------------|--|-------|--------------------------|----------|--|--|
| Owner Name(s) (last, first, middle initial or company name) | | | | | | | | | | | | | | |
| Legal Address (number and street) | | | | | | | City | | | State | | ZIP Code | | |
| SECTION 2 - VEHICLE INFORMATION | | | | | | | | | | | | | | |
| Vehicle Identification Number | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Title Number | | | | Vehicle Year | | | | Vehicle Make | | | Vehicle Model | | | |
| | | | | | | | | | | | | | | |
| Include a detailed statement explaining why the junk status should be removed from the above mentioned vehicle. Attach additional sheets of paper, if necessary. | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| SECTION 3 - AFFIRMATION STATEMENT | | | | | | | | | | | | | | |
| I certify that the above mentioned vehicle was entered into the Indiana Bureau of Motor Vehicles' records with a status of 'JUNK' in error and hereby request that the 'JUNK' status of this vehicle be lifted. | | | | | | | | | | | | | | |
| I swear or affirm that the information I have entered on this form is true and correct. I understand that making a false statement may constitute the crime of perjury. I agree to indemnify and hold harmless the Indiana Bureau of Motor Vehicles from any liability arising from this transaction. | | | | | | | | | | | | | | |
| Signature of Owner | | | | | | | Printed Name | | | | Date Signed (mm/dd/yyyy) | | | |