CONVENIENCE FEE DISCLOSURE

State Form 56075 (R2 / 5-24)
INDIANA BUREAU OF MOTOR VEHICLES

Contractor and dealers may charge a convenience fee for each transaction it performs related to a title issued under IC 9-17 or a registration issued under IC 9-18 (before its repeal) or IC 9-18.1.

INSTRUCTIONS:
1. *Complete in blue or black ink or print form.*
2. *An original or electronic signature is required. Purchaser cannot assign power of attorney (POA) signatory rights for this form.*
3. *A Company may submit one form and attach a separate sheet which lists all vehicles and watercraft being sent to the partial service provider (PSP) for processing.*

SECTION 1 – APPLICANT INFORMATION

Name of Applicant *(first, middle, last or company name)*			
Mailing Address *(number and street)*	City	State	ZIP Code

SECTION 2 – VEHICLE/WATERCRAFT INFORMATION

Vehicle Identification Number (VIN) / Hull Identification Number (HIN)	Vehicle/Watercraft Year	Vehicle/Watercraft Make

SECTION 3 – FEE INFORMATION

Fee Type	Convenience Fee Amount
☐ **Title** ☐ **Registration**	

SECTION 4 – APPLICANT AFFIRMATION

I swear or affirm under the penalties for perjury that the information entered in Section 1 and Section 2 on this form is true and correct. I am aware of the convenience fee being charged by PSP and that the location of the nearest Bureau of Motor Vehicles (BMV) branch to this PSP has been provided to me.

By signing this form, I have been made aware of and understand: *(Read and check each box.)*

- ☐ This convenience fee is not charged at a BMV branch.
- ☐ This convenience fee is in addition to the applicable BMV fee for this transaction.
- ☐ The nearest BMV branch location is _____miles away from this PSP location.
- ☐ The convenience fee is an optional service and is not required in order to obtain credit to purchase the vehicle identified above.

Name and Address of Nearest BMV License Branch	Hours of Operation
_____ _____ _____ _____ _____	**Monday:** _____ **Tuesday:** _____ **Wednesday:** _____ **Thursday:** _____ **Friday:** _____ **Saturday:** _____

Signature of Applicant	Printed Name and Position *(e.g. agent or representative if applicant is a company)*	Date *(mm/dd/yyyy)*

PSP

This form must be imaged with all title paperwork, and a copy must be retained by the PSP in their end of day files for audit.

BMV USE ONLY

Applicant's CUID	Dealer Name and License Number