



# ACQUISITION OR SALE OF A MAJOR COMPONENT – PART

State Form 56077 (R / 12-17)

**INDIANA SECRETARY OF STATE  
AUTO DEALER SERVICES DIVISION**  
 302 West Washington Street, Room E-111  
 Indianapolis, IN 46204  
 Telephone: 317-234-7190  
 Fax: 317-233-1915  
[Dealers@sos.in.gov](mailto:Dealers@sos.in.gov)

- INSTRUCTIONS:**
1. Complete in blue or black ink or print completed form.
  2. This form must be completed for each major component part acquired or sold by the automotive salvage recycler that was sourced from a vehicle manufactured within the last seven (7) model years.
  3. A separate form must be completed for each major component part acquired or sold.
  4. This form, verification of purchaser's identity, and the invoice(s) for the major component part must be kept with the bill of sale.
  5. This form is not required if the purchaser is a hulk crusher or scrap metal processor and the seller is a licensed automotive salvage recycler.

### AUTOMOTIVE SALVAGE RECYCLER INFORMATION

Name of Automotive Salvage Recycler		Dealer Number		County	
Address of Established Place of Business (number and street)			City		State
Telephone Number ( )		E-mail Address			

### MAJOR COMPONENT PART INFORMATION

Vehicle Identification Number (VIN)					
Description of major component part (including any identifying marks)					
Major Component Part Serial Number			Major Component Part Stock Number		
Source Vehicle Make, Model, and Year			Source Vehicle Stock Number (if applicable)		
Source Vehicle Identification Number (VIN)					

### DEALER ACQUISITION INFORMATION

Name of Seller		Seller Dealer Number (if applicable)			
Signature of Seller					
Address of Seller (number and street)			City		State
Form of identification presented			Telephone Number of Seller ( )		
Date Acquired (mm/dd/yyyy)			Invoice Number (if applicable)		
How Major Component Part was Acquired: <input type="checkbox"/> Removed from vehicle owned by automotive salvage recycler <input type="checkbox"/> Other: _____					

### MAJOR COMPONENT PART RETAIL SALE INFORMATION

Name of Purchaser		Purchaser Dealer Number (if applicable)			
Signature of Purchaser					
Address of Purchaser (number and street)			City		State
Form of identification presented			Telephone Number of Purchaser ( )		
Date Sold (mm/dd/yyyy)			Invoice Number (if applicable)		

### AUTOMOTIVE SALVAGE RECYCLER AFFIRMATION

I swear or affirm that the information contained on this form is, to the best of my knowledge, true and correct. I understand that making a false statement may constitute the crime of perjury.					
Signature of Automotive Salvage Recycler Employee				Date Signed (mm/dd/yyyy)	
Printed Name of Automotive Salvage Recycler Employee					