



# ACQUISITION OR SALE OF SALVAGE VEHICLE

State Form 56076 (R / 12-17)

<b>INDIANA SECRETARY OF STATE</b> <b>AUTO DEALER SERVICES DIVISION</b> 302 West Washington Street, Room E-111 Indianapolis, IN 46204 Telephone: 317-234-7190 Fax: 317-233-1915 <a href="mailto:Dealers@sos.in.gov">Dealers@sos.in.gov</a>
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- INSTRUCTIONS:**
1. Complete in blue or black ink or print completed form.
  2. This form must be completed for each salvage vehicle manufactured within the last seven (7) years that is acquired or sold by the automotive salvage recycler.
  3. A separate form must be completed for each salvage vehicle acquired or sold.
  4. All records for each salvage vehicle acquired or sold, including the invoice, bill of sale, and verification of purchaser's identity must be kept with this form.
  5. This form is not required if the salvage vehicle is being sold by a licensed automotive recycler to a hulk crusher or scrap metal processor.

## 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			

## SALVAGE VEHICLE INFORMATION

Vehicle Identification Number (VIN)			Vehicle Title Number or Ownership Document and Issuing Authority		
Description of vehicle (including numbers or other marks identifying vehicle)					
Vehicle Type		Vehicle Make	Vehicle Model		Vehicle Year
Vehicle Stock Number	Was the vehicle rebuilt? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date (mm/dd/yyyy)		Was the vehicle wrecked or dismantled? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, date (mm/dd/yyyy)
Has any number on the vehicle been defaced, destroyed, or changed? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, please describe:		

## 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)		

## SALVAGE VEHICLE RETAIL SALE INFORMATION

Name of Purchaser			Purchaser Dealer Number (if applicable)		
Signature of Purchaser					
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)		

## 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					