



APPLICATION FOR DEPARTMENT OF CORRECTIONS FORBEARANCE OF REINSTATEMENT FEES

State Form 57170 (R2 / 5-24)
Bureau of Motor Vehicles

BUREAU OF MOTOR VEHICLES
100 North Senate Avenue, Room N413
Indianapolis, IN 46204

The legal authority for this form is IC 9-25-6-15.5.

- INSTRUCTIONS:**
1. Complete in blue or black ink.
 2. Complete form and e-mail to BMVRecordsManagement@bmv.IN.gov or submit to the address noted above.
 3. Please allow up to fourteen (14) days for processing.

GENERAL INFORMATION			
Individuals may have their reinstatement fees placed in forbearance if the individual meets all of the following criteria:			
1. Is a nonviolent offender.			
2. Has completed the individual's criminal sentence or is serving a term of probation or parole.			
3. Is enrolled in job training or maintaining consistent employment.			
APPLICANT INFORMATION			
Name of applicant (<i>last, first, middle initial</i>)		Telephone number	
Driver's License Number		Date of birth (<i>mm/dd/yyyy</i>)	
Address (<i>number and street</i>)	City	State	ZIP Code
Name of employer		Telephone number	
Name of employer's contact	E-mail address for employer's contact		
AFFIRMATION BY APPLICANT			
I swear or affirm that the information I have provided is true and that I meet all requirements of the forbearance of reinstatement fees as prescribed at IC 9-25-6-15.5.			
Signature of applicant	Printed name	Date signed (<i>mm/dd/yyyy</i>)	
EMPLOYMENT OR JOB TRAINING VERIFICATION			
Name of employer / job training provider		Telephone number	
Address (<i>number and street</i>)	City	State	ZIP Code
AFFIRMATION BY COMPANY REPRESENTATIVE			
I swear or affirm that the applicant stated above is enrolled in job training or is employed by this company.			
Signature of company representative	Printed name		
Title	Date signed (<i>mm/dd/yyyy</i>)		