



## APPLICATION FOR REPLACEMENT OR DUPLICATE LICENSE PLATE

State Form 37135 (R4 / 3-15)  
Approved by the State Board of Accounts, 2015  
INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
  2. Present this form to any license branch for replacement or duplicate plate that has been lost, stolen, damaged or destroyed while in the possession of the applicant. The fee for a replacement or duplicate license plate can be found on [myBMV.com](http://myBMV.com).
  3. Stolen plates must be reported to law enforcement and Section 1 must be completed by law enforcement prior to replacement or duplicate plate issuance.
  4. The replacement or duplicate license plate will become the current and only valid plate. If found the original plate is not valid for registration purposes. Damaged or destroyed license plates are not required to be returned to the BMV.

SECTION 1 - TO BE COMPLETED BY LAW ENFORCEMENT AGENCY							
Law Enforcement Agency			City		State		
Plate Number			Date Reported (mm/dd/yyyy)				
The plate has been reported to this law enforcement agency. I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.							
Signature of Officer		Printed Name of Officer		Badge Number	Date Signed (mm/dd/yyyy)		
SECTION 2 - TO BE COMPLETED BY APPLICANT							
Above plate has been:							
<input type="checkbox"/> Lost		<input type="checkbox"/> Stolen		<input type="checkbox"/> Damaged (not legible)		<input type="checkbox"/> Destroyed	
Please Select							
<input type="checkbox"/> Replacement (the plate issued will be the same plate type, but new plate number)			<input type="checkbox"/> Duplicate (the plate issued will be same plate type and same plate number)				
Vehicle Identification Number			Vehicle Year	Vehicle Make	Vehicle Model	Vehicle Type	Vehicle Color
Printed Name of Owner(s) (last, first, middle initial or company name)							
Owner(s) Address (number and street)			City		State	ZIP Code	
I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.							
Signature of Applicant					Date Signed (mm/dd/yyyy)		
SECTION 3 - LICENSE BRANCH USE ONLY							
Branch STARS Name			Branch STARS Number				
Visit Identification			Date Processed (mm/dd/yyyy)				