



REQUEST FOR TITLE

State Form 1014 (R7 / 11-24)
INDIANA BUREAU OF MOTOR VEHICLES

For questions, please contact the
BMV Customer Contact Center
By telephone: 888-692-6841 or
by e-mail via myBMV.com:
Contact the BMV

The legal authority for this form is IC 9-17.

INSTRUCTIONS:

1. Print the form in blue or black ink.
2. Section 1 may be completed by the owner/lessee or the branch associate.
3. Section 2, 3, and 4 must be completed by the owner / lessee or information must be provided by the owner / lessee.
4. Section 5 must be completed by the owner / lessee.
5. Lienholders and Lessors:
 - Mail the requested title to the BMV branch address listed in Section 1.
 - Do not release your lien, if applicable.
 - If the lienholder participates in Indiana's Electronic Lien & Title (ELT) program, please provide the lienholder's Indiana ELT ID number in Section 4.
 - The license branch may hold the title for a maximum of sixty (60) days from receipt.
 - If the owner(s) / lessee(s) named in Section 2 fail to transfer the title to Indiana within sixty (60) days, the original title will be returned to you by mail.
 - After processing, the new Indiana title will be mailed to the lienholder / leasing company.

SECTION 1 – MAIL REQUESTED TITLE TO				
Indiana BMV Branch (name and number)				
Street Address (number and street)				
City			State	ZIP Code
SECTION 2 – REQUEST FOR MOTOR VEHICLE / WATERCRAFT TITLE				
Reason for Request of Title				
Name of Owner(s) / Lessee(s) as Listed on the Current Title				
Present Street Address (number and street)				
City			State	ZIP Code
Former Street Address (number and street)				
City			State	ZIP Code
SECTION 3 – MOTOR VEHICLE / WATERCRAFT DESCRIPTION				
Year	Make	Color	Vehicle / Hull Identification Number	Purchase Date (mm/dd/yyyy)
SECTION 4 – LIEN / LEASE INFORMATION				
Effective Date of Lien / Lease (mm/dd/yyyy)		Lienholder (Lien in favor of) / Leasing Company Name		Indiana ELT ID Number
Street Address (number and street)				
City			State	ZIP Code
SECTION 5 – SIGNATURE OF OWNER / LESSEE				
By signing this form, I agree that my personal information on this form may be provided to the lienholder or leasing company named in Section 2. I swear or affirm under the penalty of perjury that the information on this form is true and correct.				
Signature of Owner / Lessee		Printed Name		Date Signed (mm/dd/yyyy)
SECTION 6 - FOR BRANCH USE ONLY				
Date 1 st Request Sent to Lienholder / Lessor (mm/dd/yyyy)			Request Completed By	
Date 2 nd Request Sent to Lienholder / Lessor (mm/dd/yyyy)			Request Completed By	
Customer UID			Thirty (30) Day Permit Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Customer Daytime Telephone Number			VIN / HIN Check Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Insurance Company Name			Insurance Policy Number	