



# REQUEST FOR TITLE

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

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

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

**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 ( <i>name and number</i> ) |       |          |
| Street Address ( <i>number and street</i> )   |       |          |
| 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 ( <i>number and street</i> )         |       |          |
| City  | State | ZIP Code |
| Former Street Address ( <i>number and street</i> )          |       |          |
| City  | State | ZIP Code |

### SECTION 3 – MOTOR VEHICLE / WATERCRAFT DESCRIPTION

|      |      |       |                                      |                                     |
|------|------|-------|--------------------------------------|-------------------------------------|
| Year | Make | Color | Vehicle / Hull Identification Number | Purchase Date ( <i>mm/dd/yyyy</i> ) |
|------|------|-------|--------------------------------------|-------------------------------------|

### SECTION 4 – LIEN / LEASE INFORMATION

|  |  |                       |
|--|--|-----------------------|
| Effective Date of Lien / Lease ( <i>mm/dd/yyyy</i> ) | Lienholder (Lien in favor of) / Leasing Company Name | Indiana ELT ID Number |
| Street Address ( <i>number and street</i> )          |  |                       |
| 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 ( <i>mm/dd/yyyy</i> ) |
|-----------------------------|--------------|-----------------------------------|

### SECTION 6 - FOR BRANCH USE ONLY

|  |  |
|--|--|
| Date 1 <sup>st</sup> Request Sent to Lienholder / Lessor ( <i>mm/dd/yyyy</i> ) | Request Completed By   |
| Date 2 <sup>nd</sup> Request Sent to Lienholder / Lessor ( <i>mm/dd/yyyy</i> ) | Request Completed By   |
| Customer UID   | Thirty (30) Day Permit Issued?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| Customer Daytime Telephone Number  | VIN / HIN Check Completed?<br><input type="checkbox"/> Yes <input type="checkbox"/> No     |
| Insurance Company Name   | Insurance Policy Number  |