

INSTRUCTIONS: 1. Complete in blue or black ink or print form.
2. A certificate of salvage title is required for a motor vehicle, motorcycle, semitrailer, pursuant to the requirements as outlined in Indiana Code §9-22-3.

SECTION 1 - OWNER INFORMATION										
Owner Name(s) (last, first, middle initial or company name)										
owner Hame(e) (last, met, made initial of company hame)										
							State			
Legal Address (number and street)			City					ZIP Code		
SECTION 2 – INSURANCE COMPANY INFORMATION										
(if applicable)										
Company Name			Agent Name							
Address (number and street)			City					ZIP Code		
SECTION 3 - VEHICLE INFORMATION										
Vehicle Identification Number		_								
Vehicle Year Vehicle N	lake	1	1 1	Vehic	e Model					
Date of Settlement (mm/dd/yyyy) Reason										
SECTION 4 - AFFIRMATION STATEMENT										
I hereby request the Indiana Bureau of Motor Vehicles to issue a salvage title for the above mentioned vehicle. I certify that the vehicle meets the salvage title requirements of Indiana Code §9-22-3.										
I swear or affirm that the information I have entered on this form is true and correct. I understand that making a false statement may constitute the crime of perjury. I agree to indemnify and hold harmless the Indiana Bureau of Motor Vehicles from any liability arising from this transaction.										
Signature of Owner	Printed Name						Date S	igned (mm/d	dd/yyyy)	