

AFFIDAVIT OF RESTORATION FOR A SALVAGE MOTOR VEHICLE

State Form 44606 (R4 / 12-24) INDIANA BUREAU OF MOTOR VEHICLES

The legal authority for this form is IC 9-22-3-15.

INSTRUCTIONS: 1. Complete in blue or black ink or print form.

- Certificate of salvage title must be submitted. The title may be assigned to a purchaser. Out of state titles are accepted.
- 3. Proof of ownership and the source of major component parts used are required.
- 4. Vehicles designated as "junk," "non-repairable," "scrap," or similar designation may not be titled in Indiana.

	OWNER INFORMATION																	
Name (last	t, first, mic	ddle initial or	r company	(name)														
Address (n	Address (number and street)																	
City	City														ZIP Code			
	RESTORER INFORMATION															Same as Owner		
Name (last, first, middle initial or company name)																		
Address (n	Address (number and street)																	
City	City															te ZIP Code		
City																2	ZIF Code	
	VEHICLE INFORMATION																	
Vehicle Ide	entificatio	n Number						- 1 - 1		1	1 1							
Year		Make				Mod	el		Body	Туре	I	Pure	chase Da	ate <i>(mm/d</i>	d/yyyy)	Ρι	urchase Price	e
																\$		
							MA	JOR COM	IPONE		ГS					-		
Includes parts of motor vehicles, motorcycles, semitrailers, or recreational vehicles normally having a manufacturer's vehicle identification number, a derivative of the identification number, or a number supplied by an authorized governmental agency, including doors, fenders, differentials, frames, transmissions, engines, doghouses (front assembly), rear clips, etc. Proof of ownership/purchase for each item must be submitted with application. Attach additional pages if necessary.																		
Name of Part				Source VIN or Serial Number				Name and Address of Source						Date Acquired (mm/dd/yyyy)			Cost of Part	
RESTORATION STATEMENT																		
the above entered of	I certify that all major component parts incorporated during the restoration of the above vehicle have been included with this application. The restoration of the above vehicle is complete. To my knowledge, no stolen parts were utilized in the restoration process. I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury. I hereby request the Bureau of Motor Vehicles to issue a certificate of title with a "Rebuilt" brand for this motor vehicle.																	
Signature of Restorer								Printed Name							Date <i>(mm/dd/yyyy)</i>			
Signature of Owner (if different from restorer)									Printed Name						Da	Date (mm/dd/yyyy)		
	PHYSICAL INSPECTION BY AN INDIANA POLICE OFFICER																	
	I hereby certify that I am a law enforcement officer of the state of Indiana, and I have personally examined the above vehicle, major component parts and ownership documents. The salvage restoration conforms to Indiana Code §9-22-3. I understand making a false statement may constitute the crime of																	
IDACS/NCIC Check Required. Date Performed (mm/dd/yyyy)								Comments										
Signature of Officer						Prir	Printed Name Title									Badge Number		
Police Department							City	City							State		ZIP Code	