



REINSTATEMENT FEE SUBMISSION

State Form 54479 (R5 / 8-24)
INDIANA BUREAU OF MOTOR VEHICLES

Bureau of Motor Vehicles
PO Box 100
Winchester, IN 47394-0100

The legal authority for this form is IC 9-25-6-15.

- INSTRUCTIONS:**
1. This form is used to pay required reinstatement fees by mail, but the individual does not possess the reinstatement fee payment coupon provided by the Indiana Bureau of Motor Vehicles (BMV).
 2. **The total reinstatement payment amount due must be included along with the payment coupon below.** Any other reinstatement fee payment amount must be made online at myBMV.com or by phone at (888) 692-6841 (select option #3).
 3. Do not include other documents with this payment. If insurance documents are required by the BMV for reinstatement, they must be sent electronically by your insurance provider to the BMV.
 4. Reinstatement fees may be paid using check, money order, credit, or debit cards.
 5. Please make checks or money orders payable to the Bureau of Motor Vehicles.
 6. If your reinstatement fee payment is made via mail, send to the address above.
 7. If paying by MasterCard, Visa, Discover or AMEX credit or debit card, please make sure your card and payment information is included below, and the coupon is signed by the cardholder.
 8. **Do NOT send cash.**
 9. To check the status of your driver record or credential, visit myBMV.com or call (888) 692-6841 (select option #2).

Detach and mail coupon with your payment to Bureau of Motor Vehicles, PO Box 100, Winchester, IN 47394-0100.

Reinstatement Fee Coupon

If you are paying by check or money order, make it payable to the Bureau of Motor Vehicles. Do NOT send cash or post-dated checks. All checks will be deposited upon receipt. Out-of-state checks will not be accepted. If you are paying by credit or with debit card, enter the information at the bottom of this form.

Printed Name of Individual Owing Fees (<i>last, first, middle initial</i>)		Date of Birth (<i>mm/dd/yyyy</i>)		Indiana Driver's License, ID, or CUID Number	
Mailing Address (<i>number and street</i>)		City		State	ZIP Code
E-mail Address				Telephone Number (<i>area code + seven digits</i>)	

CREDIT CARD INFORMATION

I hereby authorize the Indiana Bureau of Motor Vehicles to charge the account indicated below.

Signature of Cardholder _____ Date (*mm/dd/yyyy*) _____

Cardholder Name: _____ Expiration Date (*mm/dd/yyyy*) _____ Amount: \$ _____

Credit / Debit Card Number: _____ Visa MasterCard Discover AMEX