## APPLICANT RESPONSIBLE FOR ACCURACY OF INFORMATION APPLICATION FOR CERTIFICATE OF TITLE STATE OF INDIANA BUREAU OF MOTOR VEHICLES BUREAU - TO BE MAILED WITH TITLE REPORT

| TO B<br>FOR<br>INED  | E COMPLETED BY A POLICE<br>OUT OF STATE TITLES<br>THE FOLLOWING VEHICLE A | GNEE<br>KAM-<br>OWS. | TION EN       | TERED                                 | O ON   | THIS FORM  | I IS CO   | RRECT<br>N THIS  | Γ. I/WE ι<br>FORM | HE INFORMA-<br>JNDERSTAND<br>MAY CONSTI- |               |      |              |                           |  |  |
|--|---|----------------------|---------------|---------------------------------------|--------|------------|-----------|--|-------------------|--|---------------|------|--------------|---------------------------|--|--|
| VEHI   | CLE IDENTIFICATION N  | 1                    | INDEMNI       | FY ANI                                | D HOL  |            | ESS TH    | E INDI/  | ANÁ BN            | /E AGREE TO<br>IV FROM ANY               |               |      |              |                           |  |  |
| YR.  | MAKE  | MODEL                | TYPE          |                                       | DATE   |            | Х         |  |                   |  |               |      |              |                           |  |  |
|  |   |                      |               |                                       |        |            | X         |  |                   |  |               |      |              |                           |  |  |
| INSPECTOR'S PRINTED NAME & TITLE   |   |                      |               | CITY                                  |        |            |           | ATE:   |                   |  |               |      |              |                           |  |  |
|  |   |                      |               |                                       |        |            |           | he law requires that you apply for Certificate of Title within thirty-one days from the date of purchase of a  |                   |  |               |      |              |                           |  |  |
| INSPECTOR'S SIGNATURE  |   |                      |               | DEALER PLATE NO. dorsed Titles, liens |        |            |           | e is a <b>delinquent fee</b> of <b>\$15.00</b> for failure to do so. Attach Certificate of Title assigned by seller. On en<br>nust be released. Supporting documents surrendered with this application cannot be returned to the appli<br>pplying for Title is <b>\$11.00. *In accordance with Federal Code 383.</b> |                   |  |               |      |              |                           |  |  |
| 1.   | TITLE NUMBER  | BRAN                 |               | VOICE                                 | NO. BN | IV USE ONI | LY        |  |                   |  |               |      |              |                           |  |  |
| 2.   | *SOC. SEC./FEDERAL I.D.I  |                      | BMV USE ONLY  |                                       |        |            |           |  |                   |  |               |      |              |                           |  |  |
| 3.   | STREET ADDRESS  |                      | CITY          |                                       |        |            |           | STATE ZI   |                   |  | IP CODE       |      |              |                           |  |  |
| 4.   | VEHICLE I.D. NUMBER   |                      | VEH.YEAR VEH. |                                       |        | VEH. N     | 10DEL NO. | VEH TY   | PE                | ODOMETER                                 | 8             |      |              |                           |  |  |
| 5.   | ORMER TITLE NUMBER PURCHASE   |                      | HASE DA       | DATE LIEN                             |        | SPEE       | ĒD        | PICK U   | P MAI             | L  | DEALER NO. BM |      | V USE ONLY   |                           |  |  |
| 6.   | FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS STREET ADDRESS               |                      |               |                                       |        |            |           |  |                   |  |               |      |              |                           |  |  |
| 7.   | CITY STATE  |                      |               | ZIP CODE                              |        |            |           | BMV US   | BMV USE ONLY      |  |               |      |              |                           |  |  |
| 8.   | SECOND LIEN'S NAME  |                      |               |                                       |        |            | STREE     | STREET ADDRESS   |                   |  |               |      |              |                           |  |  |
| 9.   | CITY STATI  |                      | STATE         | ZIP CODE                              |        |            | LICENSE   | NUMBER   |                   | ICENSE FORMS<br>/EAR USED                |               | BMV  | BMV USE ONLY |                           |  |  |
| GROSS RETAIL & USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BEL |   |                      |               |                                       |        |            |           |  |                   |  |               |      | ELOW.        |                           |  |  |
| 10   | SELLING PRICE   | RADE-IN              |               |                                       |        | T TO TAX   |           |  |                   | DEALER BRAN                              |               | H EX | KEMPT        | IF EXEMPT<br>PLACE PARA.# |  |  |
| 10.  | <sup>10.</sup> \$ \$  |                      |               | \$                                    |        |            |           | \$   |                   |  |               |      |              | FLAGE PARA.#              |  |  |

APPLICATION FOR CERTIFICATE OF TITLE | STATE OF INDIANA | BUREAU OF MOTOR VEHICLES

Approved by State Board of Accounts 1998

State Form 44049 (R3 / 1-98)

\*Your Social Security number / Federal I.D. number is being requested by this agency under IC 4-1-8-1. Disclosure is manadatory and this document cannot be processed without it.