

APPLICATION FOR CERTIFICATE OF TITLE FOR A VEHICLE

State Form 205 (R10 / 11-18) INDIANA BUREAU OF MOTOR VEHICLES

*This agency is requesting disclosure of your Social Security Number / Federal Identification Number in accordance with IC 4-1-8-1; disclosure is mandatory, and this record cannot be processed without it.

To be completed by a police officer, BMV official, or BMV certified dealer signee for out-of-state titles. I hereby certify that I personally examined the following vehicle and find the identification number to be as follows.										I swear or affirm that I am authorized to perform this transaction, and I agree to indemnify and hold harmless the Indiana BMV from any and all liability arising from this transaction.						
Vehicle Identification Number										I swear or affirm that the information that I have entered on this form is correct. I understand that making a false statement on this form may constitute the crime of perjury. Applicant Signature:						
Year	Make	Nodel			Туре	Date (mm/	Date (<i>mm/dd/yyyy</i>)			Printed Name:						
Inspecto	or's Printed Nan	nd Title			City				Applicant Signature:							
Inonesta	via Cianatura		Dada		ranah ar	Dealer Diete	Number	F	Printed Name:							
Inspector's Signature Badge, Branch, or Dealer Plate Number										Date (<i>mm/dd/yyyy</i>):						
Transaction Number							Branch Number			Invoice Number			BMV Use Only			
Social S	ecurity Number	deral Idei	ntificatio	on Ni	umber *	Name of Applicant							BMV Use Only			
Social Security Number / Federal Identification Number * Name of Applicant																
Residence Address (number and street)											City				ZIP Code	
Vehicle Identification Number Ve						Ve	icle Year Vehicle Make			Vehicle Model Ve			Vehicle Type Odometer			
Former Title Number Purchase Da						chase Da	e (<i>mm/dd/yy</i>)	Lien (Y/N) Sp		ed (Y/N)	Dealer Number	r BMV Use Or				
Holder o	of First Lien, Mo	rtgag	ge, or Ot	ther End	cuml	brance /	Special Mailin	g Address	ling Address (number and street)							
City								State		P Code BMV Use Only						
City								State	ZIPC	Code		DIVIV USE				
											ailing Address (number and street)					
City				State ZIP Code			License Num		nber	r License Year		Forms Us	ed BMV	MV Use Only		
Gross F	Retail and Us	e Ta	ax Affida	avit – I	/We	hereby	certify that	sales or use t	tax on	this veh	icle was paid as	s indicated	l below.			
Selling F	Selling Price Less Trade-In /					ount	Amount St	Amount Subject to Tax			(Dealer	Branch	Exempt	Exemption Code	
\$\$							\$	\$								