

APPLICATION FOR CERTIFICATE OF TITLE • STATE OF INDIANA • BUREAU OF MOTOR VEHICLES
 State Form 44049 (R4 / 3-02) Approved by State Board of Accounts 2002

<p><small>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.</small></p> <p>VEHICLE IDENTIFICATION NUMBER _____</p> <p>YR. MAKE MODEL TYPE DATE</p> <p>INSPECTOR'S PRINTED NAME & TITLE CITY</p> <p>INSPECTOR'S SIGNATURE BADGE, BRANCH OR DEALER PLATE NO.</p>	<p>I/WE THE UNDERSIGNED SWEAR OR AFFIRM THAT THE INFORMATION ENTERED ON THIS FORM IS CORRECT. I/WE UNDERSTAND THAT MAKING A FALSE STATEMENT ON THIS FORM MAY CONSTITUTE THE CRIME OF PERJURY. FUTUREMORE, I/WE AGREE TO INDEMNIFY AND HOLD HARMLESS THE INDIANA BMV FROM ANY LIABILITY ARISING FROM THIS TRANSACTION.</p> <p>X _____</p> <p>X _____</p> <p>DATE: _____</p> <p><small>The law requires that you apply for Certificate of Title within thirty-one days from the date of purchase of a motor vehicle. There is a delinquent fee for failure to do so. Attach Certificate of Title assigned by seller. On endorsed Titles, liens must be released. Supporting documents surrendered with this application cannot be returned to the applicant. *In accordance with Federal Code 383.</small></p>
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1. TITLE NUMBER	BRANCH NO.	INVOICE NO.	BMV USE ONLY
2. *SOC. SEC./FEDERAL I.D. NO.	APPLICANT'S NAME		BMV USE ONLY
3. STREET ADDRESS		CITY	STATE ZIP CODE
4. VEHICLE I.D. NUMBER	VEH. YEAR	VEH. MAKE	VEH. MODEL NO. VEH. TYPE ODOMETER
5. FORMER TITLE NUMBER	PURCHASE DATE	LIEN	SPEED PICK UP MAIL DEALER NO. BMV USE ONLY
6. FIRST LIEN'S NAME OR SPECIAL MAILING ADDRESS		STREET ADDRESS	
7. CITY	STATE	ZIP CODE	BMV USE ONLY
8. SECOND LIEN'S NAME		STREET ADDRESS	
9. CITY	STATE	ZIP CODE	LICENSE NUMBER LICENSE YEAR FORMS USED BMV USE ONLY
GROSS RETAIL & USE TAX AFFIDAVIT - I/WE HEREBY CERTIFY THAT SALES OR USE TAX ON THIS VEHICLE WAS PAID AS INDICATED BELOW.			
10. SELLING PRICE	LESS TRADE-IN *	AMOUNT SUBJECT TO TAX	AMOUNT OF TAX DEALER BRANCH EXEMPT IF EXEMPT PLACE PARA.#
\$	\$	\$	\$

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

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