APPLICATION FOR CERTIFICATE OF AUTHORITY-DISPOSAL OF A VEHICLE

State Form 55018 (R7 / 4-26)
INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES
100 North Senate Avenue
Room N411
Indianapolis, IN 46204

The legal authority for this form is IC 9-22-5-3.

INSTRUCTIONS:
1. *Complete in blue or black ink or print form.*
2. *Please indicate your preferred method of delivery by checking the box for "Email" or "USPS Mail" in Section 1.*
3. *The completed application, supporting documentation, and the $4.00 application fee must be mailed to the address printed in the top-right hand corner of this form.*

SECTION 1A – APPLICANT INFORMATION

Name of Applicant(s) *(first, middle, last, or company name)*

Mailing Address (*number and street)*

City | State | ZIP Code

Telephone Number *(required)* | E-mail: _____

SECTION 1B – SALVAGE RECYCLER INFORMATION *(if applying on behalf of the applicant in section 1A)*

Name of Automotive Salvage Recycler *(company name)*

Mailing Address (*number and street)*

City | State | ZIP Code

Dealer Number | Telephone Number *(required)* | E-mail: _____

Preferred Method of Delivery: ☐ **USPS Mail** ☐ **E-Mail**

SECTION 2 - VEHICLE INFORMATION

Vehicle Identification Number: ☐ No Vehicle Identification Number *(If no VIN, Physical Inspection of a Vehicle or Watercraft – State Form 39530 must be completed by a police officer.)*

Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Type | Vehicle Color

Reason for Request: ☐ Abandoned Vehicle ☐ Certificate of Title is faulty, lost or destroyed.

Include a concise statement regarding the reason a certificate of title is unavailable, explain how the vehicle came into your possession (*if applicable*), and provide the reasons for disposal of the vehicle. *Attach additional sheets if necessary.*

I swear or affirm under the penalties for perjury that the information I have entered on this form is true and correct and that no material fact has been withheld. I understand that making a false statement may constitute the crime of perjury.

Signature of Applicant | Printed Name | Date Signed *(mm/dd/yyyy)*

SECTION 3 – *BMV USE ONLY*

The applicant is **approved** to sell this vehicle to a licensed automotive salvage recycler for scrap metal. The licensed automotive salvage recycler may accept this Certificate of Authority in place of a certificate of title to the vehicle.

Designee of Indiana Bureau of Motor Vehicles Commissioner | Printed Name | Date Approved *(mm/dd/yyyy)*

SECTION 4 – *AUTOMOTIVE SALVAGE RECYCLER USE ONLY*

After destroying or dismantling the vehicle, complete the section below and mail this form to:
BMV Document Management
100 N. Senate Ave., Rm. 412
Indianapolis, IN 46204

**After delivery of this Certificate to the BMV, a certificate of title will not be issued for the motor vehicle identified above.*

I hereby certify that this vehicle was destroyed or dismantled and should be recorded as 'JUNK' in BMV records. I swear or affirm under the penalties for perjury that this statement is correct. I understand making a false statement may constitute the crime of perjury.

Name of Company | Dealer Number

Street Address *(number and street)* | City | State | ZIP Code

Signature of Representative | Printed Name | Date Signed *(mm/dd/yyyy)*