



**CERTIFICATE OF AUTHORITY -
DISPOSAL OF A MOTOR VEHICLE**
INDIANA BUREAU OF MOTOR VEHICLES
State Form 55018 (6-12)

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

- INSTRUCTIONS:** 1. Complete in blue or black ink or print form. Mail to address indicated above.
2. The approved application will be returned to the applicant at the address provided below. Approval is valid for six (6) months from the approval date.

APPLICANT INFORMATION									
Applicant Name(s) (Last, First, Middle Initial or Company Name)									
Mailing Address (number and street)					City			State	ZIP Code
County		Telephone Number (required) ()			Email Address (optional)				
MOTOR VEHICLE INFORMATION									
Vehicle Identification Number									
Vehicle Year		Vehicle Make		Vehicle Model		Vehicle Type		Vehicle Color	
Reason for Request:	<input type="checkbox"/> Abandoned Vehicle			<input type="checkbox"/> Certificate of Title is faulty, lost or destroyed					
Include a detailed statement regarding the reason a certificate of title is unavailable and (if applicable) explain how the vehicle came into your possession. Attach additional sheets if necessary.									
I swear or affirm that the information I have entered on this form is true and correct. 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)	
Signature of Applicant				Printed Name				Date Signed (mm/dd/yyyy)	
- BMV USE ONLY -									
<i>I hereby certify the applicant is approved to sell this motor vehicle to a licensed junk dealer or an established automobile wrecker for scrap metal. The licensed junk dealer or established automobile wrecker shall accept this Certificate in place of a certificate of title to the motor vehicle.</i>									
_____		<u>R. Scott Waddell</u>		_____					
Signature of Commissioner		Printed Name		Date Signed (mm/dd/yyyy)					
- AUTOMOBILE WRECKER / SCRAP YARD USE ONLY -									
<i>Complete below and return this form to the BMV after destroying or dismantling the vehicle. Mail to: PO Box 100, Winchester, IN 47394</i>									
<i>*After delivery of this Certificate to the BMV, a certificate of title may not be issued for the motor vehicle described above.</i>									
I hereby certify that this vehicle was destroyed or dismantled and should be recorded as 'JUNK' in BMV records. I swear or affirm under penalty of perjury that this statement is correct. I understand making a false statement may constitute the crime of perjury.									
Company Name							Dealer Number		
Street Address(number and street)					City		State	ZIP	
Signature of Representative				Printed Name				Date Signed (mm/dd/yyyy)	

