



APPLICATION FOR DEALER VEHICLE IDENTIFICATION INSPECTION

State Form 45702 (R6 / 6-12)

CONNIE LAWSON
SECRETARY OF STATE
DEALER DIVISION
302 W. Washington Street, Room E018
Indianapolis, Indiana 46204-2700
Telephone: (317) 234-7190
Fax: (317) 233-1915
www.sos.in.gov

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

Dealers who have been in business for five (5) years and have sold at least one hundred fifty (150) vehicles in the previous calendar year may submit an application designating up to two (2) employees to perform vehicle identification number (VIN) inspections (IC 9-17-2-12). Regardless of submission date, all appointments expire on December 31 of each calendar year.

These inspections can only be performed on vehicles in your inventory. By law, no fee is to be charged to your customers to perform these inspections. Any vehicle with an altered VIN plate or without a public VIN (VIN plate on dashboard) must be inspected by a police officer. Document the inspection either on State Form 44049, Application for Certificate of Title, or State Form 39530, Affidavit of Police Officer.

For further information, please contact the Secretary of State, Dealer Division, at the above address.

To add, replace, or delete a VIN inspector, mail this form to the above address.

Form must have original signatures, no faxed copies are accepted.

I. DEALERSHIP INFORMATION

Name of dealership	
Dealer number	Registered retail merchant certificate number
Address (number and street, city, state, and ZIP code)	
Telephone number ()	Fax number ()
E-mail address	

II. DESIGNATED EMPLOYEES

Name of employee one		
Address (number and street, city, state, and ZIP code)		
Drivers license number	State	Social Security number *
Name of employee two		
Address (number and street, city, state, and ZIP code)		
Drivers license number	State	Social Security number *
I, the undersigned, swear or affirm that the information I have entered on this form is correct and that I will discharge my duties as vehicle identification number (VIN) inspector faithfully and in accordance with Indiana law. I understand that making a false statement on this form may constitute the crime of perjury.		
Signature of employee one	Date (month, day, year)	
Signature of employee two	Date (month, day, year)	

SOS USE ONLY

Authority is hereby granted for the above named employee(s) to perform VIN inspections for your dealership. This inspection authority expires annually on December 31.	
Signature	Date (month, day, year)
Printed name	