

PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R8 / 6-21) INDIANA BUREAU OF MOTOR VEHICLES

BUREAU OF MOTOR VEHICLES

100 N. Senate Avenue, Room N440 Indianapolis, IN 46204 (888) 692-6841 www.bmv.in.gov

INSTRUCTIONS:

- 1. Approved inspector must complete information in blue or black ink or print form.
- The vehicle identification number (VIN) or hull identification number (HIN) must be inspected to verify the existence and
- condition of the number. An ownership document is not required to be submitted for inspection.

 3. Inspections may be performed by an employee of a dealer licensed under IC 9-32, a military policeman assigned to a military post in Indiana, a police officer, a designated employee of the BMV, an employee of a qualified person operating under a contract with the commission, or an employee of a dealer that is licensed as a motor vehicle dealer in a state other than Indiana and approved by the bureau.
- Police officers completing this form may charge a fee of not more than \$5.00 for this inspection under IC 9-17-2-12.

OWNER INFORMATION																			
Name (last, first, middle initial or company name)																			
Address (number and street)																			
City										State ZIP Code									
Ony									State										
VEHICLE OR WATERCRAFT INFORMATION																			
☐ Ide	ntificatio	on Number						☐ NONE (Select if no identification number found.)											
															Watercraft Registration				
Year		Make			Model		Туре				Plate Numb	ımber / State			Number, if applicable				
For assembled vehicles or watercraft include serial numbers for major component parts if present:																			
Engine /	Motor								Tran	smission	1								
Body Chassis										Front Assembly									
Rear Cli	n							Fran	Frame										
rtear On	P				i iai														
011 /	'6 \																		
Other (specify):																			
*IDACS / NCIC Check (Required if form is completed by a police officer)																			
Date Ch	eck Perf	ormed (mm/d		Comments															
I swear or affirm that the information I have entered on this form is correct. I understand making a false statement may constitute the crime of perjury.																			
Signatur	e of Insp	ector		Printed	Name						Title				ate (mm/a	ld/yyyy)			
Badge/ Branch/ Dealer Number				e Depa	epartment / Branch / Dealership			City				State		Z	ZIP Code				
Telepho	ne Numl	per				E-mail													
Telephone Number E-mail																			
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