

AFFIDAVIT OF RESTORATION FOR A **SALVAGE MOTOR VEHICLE**

State Form 44606 (R3 / 12-11)
INDIANA BUREAU OF MOTOR VEHICLES

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

INSTRUCTIONS:

- 1. Complete in blue or black ink or print form.
- 2. Certificate of salvage title must be submitted. The title may be assigned to a purchaser. Out of state titles are accepted.
- Proof of ownership and the source of major component parts used are required.
 Vehicles designated as "junk," "non-repairable," "scrap," or similar designation may not be titled in Indiana.

						OWNER I	NFORMATION									
Name (last, first, m	niddle initial d	or company	/ name)													
Address (number a	Address (number and street)															
City										tate		ZIP Code				
RESTORER INFORMATION														Same as Owner		
Name (last, first, middle initial or company name)															WIICI	
Address (number and street)																
City											tate		ZIP Code			
VEHICLE INFORMATION																
Vehicle Identificati	Vehicle Identification Number															
Volume and a second																
Year	Make			М	odel		Body Type		Purc	hase Date	(mm/dd/	<i>(</i> yyyy)	Purch	hase Pric	е	
													\$			
MAJOR COMPONENT PARTS																
Includes parts of motor vehicles, motorcycles, semitrailers, or recreational vehicles normally having a manufacturer's vehicle identification number, a derivative of the identification number, or a number supplied by an authorized governmental agency, including doors, fenders, differentials, frames, transmissions, engines, doghouses (front assembly), rear clips, etc. Proof of ownership/purchase for each item must be submitted with application. Attach additional pages if necessary.																
Name of Part			Source VIN or Serial Number				Name and Address of Source				Date Acquired (mm/dd/yyyy)			Cost of Part		
					R	ESTORAT	ION STATEMEN	IT								
I certify that all major component parts incorporated during the restoration of the above vehicle have been included with this application. The restoration of the above vehicle is complete. To my knowledge, no stolen parts were utilized in the restoration process. 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. I hereby request the Bureau of Motor Vehicles to issue a certificate of title with a "Rebuilt" brand for this motor vehicle.																
Signature of Restorer						Printed Name						Date (mm/dd/yyyy)				
Signature of Owner (if different from restorer)						Printed Name						Dat	Date (mm/dd/yyyy)			
			PH	/SICAI	INSPE	ECTION BY	l Y an Indiana F	POLICE O	FFICE	R						
	PHYSICAL INSPECTION BY AN INDIANA POLICE OFFICER I hereby certify that I am a law enforcement officer of the state of Indiana and I have personally examined the above vehicle, major component parts and ownership documents. The salvage restoration conforms to Indiana Code §9-22-3. I understand making a false statement may constitute the crime of periury															
IDACS/NCIC Check Required. Date Performed (mm/dd/yyyy)						Comments										
Signature of Officer					Pri	Printed Name Title						Badge Number				
Police Department					Cit	City						State	tate ZIP Code			
													N			