CONVENIENCE FEE DISCLOSURE

State Form 56075 (7-16)
Approved by State Board of Accounts, 2016
INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS:

1. *Complete in blue or black ink, or print form.*
2. *An original or electronic signature is required. Purchaser cannot assign Power of Attorney (POA) signatory rights for this form.*
3. *A Company may submit one form and attach a separate sheet which lists all vehicles and watercraft being sent to the Full or Partial Service Provider (FSP/PSP) for processing.*
4. *Indiana Code 9-14.1-3-3 establishes convenience fee disclosure form requirements.*

SECTION 1 – APPLICANT INFORMATION

Name of Applicant *(first, middle, last or company name)*			
Mailing Address *(number and street)*	City	State	ZIP Code

SECTION 2 – VEHICLE/WATERCRAFT INFORMATION

Vehicle Identification Number (VIN) / Hull Identification Number (HIN)	Vehicle/Watercraft Year	Vehicle/Watercraft Make

SECTION 3 – FEE INFORMATION

Fee Type	Convenience Fee Amount
☐ **Title** ☐ **Registration**	

SECTION 4 – APPLICANT AFFIRMATION

I swear and affirm under the penalties for perjury that the information entered in Section 1 and Section 2 on this form is true and correct. I am aware of the convenience fee being charged by the Full or Partial Service Provider (FSP/PSP) and that the location of the nearest Bureau of Motor Vehicles Commission (BMVC) license branch to this FSP/PSP has been provided to me.

By signing this form, I have been made aware of and understand: *(Read and check each box.)*

- ☐ **This convenience fee is not charged at a BMVC license branch;**
- ☐ **This convenience fee does not exceed 150% of the applicable BMV fee;**
- ☐ **The nearest BMVC license branch location is _____miles away from this FSP/PSP location.**

Name and Address of Nearest BMVC License Branch	Hours of Operation
_____	**Monday:** _____
_____	**Tuesday:** _____
_____	**Wednesday:** _____
_____	**Thursday:** _____
_____	**Friday:** _____
	Saturday: _____

Signature of Applicant	Printed Name and Position *(e.g. agent or representative, if a company)*	Date Signed *(mm/dd/yyyy)*

Full or Partial Service Provider (FSP/PSP) Use Only

This form must be imaged with all title paperwork, and a copy must be retained by the FSP/PSP in their end of day files for audit.