

PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R5 / 12-11) Approved by State Board of Accounts, 2011 INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS:

- 1. Approved inspector must complete information in blue or black ink or print form.
- 2. 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 designated by the Indiana Secretary of State, a military policeman assigned to a military post in Indiana, a police officer, or a designated employee of a BMV full or partial service license branch.
- 4. Police officers completing this form may not charge a fee of more than \$5.00 for vehicles. No fee may be collected for watercraft inspections. Authorized Indiana dealers and BMV full or partial service license branches may not assess a fee.
- 5. Dealers may not perform watercraft inspections.

OWNER INFORMATION																						
Name (last, first, middle initial or company name																						
A 1.1	Address (number and street)																					
Address																						
City																State			ZIP Code			
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VEHICLE OR WATERCRAFT INFORMATION																						
Identific	ation Nu							■ NONE (select if no iden					entificat	ntification number found)								
Year		Make		Model				Туре			Plate Number / State			е		Watercraft Registration Number, if applicable						
For assembled vehicles or watercraft include serial numbers for major component parts if present:																						
Engine /	Motor								Tra	Transmission												
Body Ch	assis		Front Assembly																			
Rear Clip											Frame											
Other (specify):																						
*IDACS / NCIC Check (required if form is completed by a police officer)																						
Date Check Performed (mm/dd/yyyy) Comments																						
		firm that the crime o			on l	l have e	ntered c	on thi	is for	m is o	correct.	I unders	stan	d ma	aking a	false	sta	atemer	nt may			
Signature of Inspector							Printed	Name)					Title					Date (mm/dd/yyyy)			
Badge / Branch / Dealer Number							Police I	Depart	ment /	Branch	anch / Dealership			City					ZIP Code			
Telephone Number								Email Address														
()																					