



# PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R7 / 4-19)

**BUREAU OF MOTOR VEHICLES**  
 100 N. Senate Avenue, Room N411  
 Indianapolis, IN 46204  
 (888) 692-6841  
[www.bmv.in.gov](http://www.bmv.in.gov)

- 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 licensed under IC 9-32, a military policeman assigned to a military post in Indiana, a police officer, a designated employee of a BMV license branch, or a designated employee of a BMV full or partial service provider.
  4. Police officers completing this form may charge a fee of not more than \$5.00 for this inspection under IC 9-17-2-12. This fee is not collected by the Bureau of Motor Vehicles and should not be submitted with this form. The police officer completing this form will advise the Owner of the amount of the fee, if any, and the method by which it should be paid.

OWNER INFORMATION													
Name (last, first, middle initial or company name)													
Address (number and street)													
City										State		ZIP Code	
VEHICLE OR WATERCRAFT INFORMATION													
Identification Number												<input type="checkbox"/> NONE (Select if no identification number found.)	
Year	Make	Model		Type	Plate Number / State			Watercraft Registration Number, if applicable					
For assembled vehicles or watercraft include serial numbers for major component parts if present:													
Engine / Motor						Transmission							
Body Chassis						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							
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.													
Signature of Inspector					Printed Name					Title			Date (mm/dd/yyyy)
Badge / Branch / Dealer Number					Police Department / Branch / Dealership					City			ZIP Code
Telephone Number (     )					E-mail Address								