

## PHYSICAL INSPECTION OF A VEHICLE OR WATERCRAFT

State Form 39530 (R6 / 11-17)

INSTRUCTIONS: 1.

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)																	
Name (la	ast, first,	middle initial	or company	name	)													
Address	(numbe	r and street)																
City														State		ZIP Code		
City													Sidle					
					VE	HICLE O	R WA	TERO	CRAF	T INFC	RMATIC	ON						
Identific	ation Nu	mber										NONE (	Select if	no ider	ntification r	number foun	d.)	
Year		Make			Model			Туре			Plate Number / State				Watercraft Registration Number, if applicable			
For as	sembl	ed vehicle	es or wat	ercra	aft include	serial n	umbe	rs for	majo	or com	ponent p	oarts if p	oresent	t:				
Engine /	Motor								Tran	ISMISSION								
Body Chassis							Front Assembly											
Rear Cli		Frame																
Other (s	pecify):								1									
*IDAC	S / NC	IC Check	(required	if for	m is compl	leted by a	a police	e offic	er)									
Date Ch	eck Perfe	ormed ( <i>mm/d</i>	d/yyyy)	Comm	nents													
l swea consti	r or af tute th	firm that t le crime o	he inforn f perjury.	natio	on I have e	ntered o	n this	form	is co	orrect.	l unders	stand ma	aking a	a false	stateme	nt may		
Signature of Inspector						Printed	Name					Title			Date (mm/dd/yyyy)			
Badge / Branch / Dealer Number					Police D	Departm	ent / Br	anch / Dealership			City	City			ZIP Code			
Telephone Number						Email A	Email Address											
(	)																	