



APPLICATION FOR REPLACEMENT OR DUPLICATE LICENSE PLATE

State Form 37135 (R3 / 6-13)
Approved by the State Board of Accounts, 2013
INDIANA BUREAU OF MOTOR VEHICLES

- INSTRUCTIONS:**
1. Complete in blue or black ink or print form.
 2. Present this form to any license branch for replacement or duplicate plate that has been lost, stolen, damaged or destroyed while in the possession of the applicant. The cost of a replacement or duplicate license plate is \$10.00.
 3. Stolen plates must be reported to law enforcement and Section 1 must be completed by law enforcement prior to replacement or duplicate plate issuance.
 4. The replacement or duplicate license plate will become the current and only valid plate. If found the original plate is not valid for registration purposes. Damaged or destroyed license plates are not required to be returned to the BMV.

| SECTION 1- TO BE COMPLETED BY LAW ENFORCEMENT AGENCY | | | | | | | |
|--|--|---------------------------------|---|--|------------------------------------|--------------|---------------|
| Law Enforcement Agency | | | City | | State | | |
| Plate Number | | | Date Reported (mm/dd/yyyy) | | | | |
| The plate has been reported to this law enforcement agency. I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury. | | | | | | | |
| Signature of Officer | | Printed Name of Officer | | Badge Number | Date Signed (mm/dd/yyyy) | | |
| SECTION 2- TO BE COMPLETED BY APPLICANT | | | | | | | |
| Above plate has been: | | | | | | | |
| <input type="checkbox"/> Lost | | <input type="checkbox"/> Stolen | | <input type="checkbox"/> Damaged (not legible) | <input type="checkbox"/> Destroyed | | |
| Please Select | | | | | | | |
| <input type="checkbox"/> Replacement (the plate issued will be the same plate type, but new plate number) | | | <input type="checkbox"/> Duplicate (the plate issued will be same plate type and same plate number) | | | | |
| Vehicle Identification Number | | | Vehicle Year | Vehicle Make | Vehicle Model | Vehicle Type | Vehicle Color |
| | | | | | | | |
| Printed Name of Owner(s) (last, first, middle initial or company name) | | | | | | | |
| Owner(s) Address (number and street) | | | City | | State | ZIP Code | |
| I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury. | | | | | | | |
| Signature of Applicant | | | | | Date Signed (mm/dd/yyyy) | | |
| SECTION 3- LICENSE BRANCH USE ONLY | | | | | | | |
| Branch STARS Name | | | Branch STARS Number | | | | |
| Visit Identification | | | Date Processed (mm/dd/yyyy) | | | | |