

REQUEST FOR EXAMINATION OF REBUILT SALVAGE VEHICLE

Purpose: Use this form to request an examination of a rebuilt salvage vehicle.

Instructions: Complete this form and return it to DMV at the above address along with the required documents and fees. If you have questions about requesting an examination contact DMVDirect at (804) 497-7100 or visit us on the web at www.dmvnow.com.

NOTE: You must be licensed as a rebuilder to have two or more salvage vehicles examined within a 12 month consecutive period.

DOCUMENTS & FEES REQUIRED FOR PROCESSING

Virginia Salvage Title In Your Name -	Completed LES 022A - VA Salvage Title - Title Fee \$10 - Exam Fee \$125
Virginia Salvage Title Assigned To You -	Completed LES 022A - VA Salvage Title - Salvage Certificate Application (VSA56) - Bill of Sale - 4.15% Sales Tax or minimum \$75 whichever is greater - Title Fee \$10 - Exam Fee \$125
Out-of-State Salvage Title In Your Name (or) Out-of-State Salvage Title Assigned To You -	Completed LES 022A - Out-of-State Title - Salvage Certificate Application (VSA56) - Bill of Sale (if title is not in your name) - 4.15% Sales Tax or minimum \$75 whichever is greater - Proof of Sales Tax paid in another state (if paid) - Title Fee \$10 - Exam Fee \$125

REQUESTERS INFORMATION

INDIVIDUAL/COMPANY NAME (print - last, first, middle, suffix)			DRIVER LICENSE NUMBER/FEIN	
STREET ADDRESS (no P.O. Box)		CITY	STATE	ZIP CODE
VEHICLE LOCATION ADDRESS (if different from above)		CITY	STATE	ZIP CODE
BEST TIME TO CONTACT YOU	TELEPHONE NUMBER	CELL PHONE NUMBER	EMAIL ADDRESS	
If you were not involved in the actual repairing of the vehicle, enter the Individual/Company name and address who repaired the vehicle.				
INDIVIDUAL/COMPANY NAME (print - last, first, middle, suffix)				
STREET ADDRESS (no P.O. Box)		CITY	STATE	ZIP CODE
REBUILDER LICENSE NUMBER	LICENSE EXPIRATION DATE	NMVTIS ID NUMBER	INDEPENDENT DEALER NUMBER	LICENSE EXPIRATION DATE

VEHICLE INFORMATION

YEAR	MAKE	MODEL	BODY TYPE	VEHICLE IDENTIFICATION NUMBER (VIN)	# AXLES	COLOR
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PARTS REPAIRED/REPLACED (must be completed)

REPAIRED	REPLACED	REPAIRED	REPLACED	REPAIRED	REPLACED	REPAIRED	REPLACED
<input type="checkbox"/>	<input type="checkbox"/> Front Bumper	<input type="checkbox"/>	<input type="checkbox"/> Right Fender	<input type="checkbox"/>	<input type="checkbox"/> Left Rear Quarter Panel	<input type="checkbox"/>	<input type="checkbox"/> Engine
<input type="checkbox"/>	<input type="checkbox"/> Grill	<input type="checkbox"/>	<input type="checkbox"/> Left Front Door	<input type="checkbox"/>	<input type="checkbox"/> Right Rear Quarter Panel	<input type="checkbox"/>	<input type="checkbox"/> Transmission
<input type="checkbox"/>	<input type="checkbox"/> Hood	<input type="checkbox"/>	<input type="checkbox"/> Right Front Door	<input type="checkbox"/>	<input type="checkbox"/> Trunk	<input type="checkbox"/>	<input type="checkbox"/> Frame/Unibody
<input type="checkbox"/>	<input type="checkbox"/> Radiator Support	<input type="checkbox"/>	<input type="checkbox"/> Left Rear Door	<input type="checkbox"/>	<input type="checkbox"/> Rear Bumper	<input type="checkbox"/>	<input type="checkbox"/> Air Bags
<input type="checkbox"/>	<input type="checkbox"/> Left Fender	<input type="checkbox"/>	<input type="checkbox"/> Right Rear Door	<input type="checkbox"/>	<input type="checkbox"/> Roof	<input type="checkbox"/>	<input type="checkbox"/> Dash
Water Damaged or Not Listed:	SPECIFY REPAIRS						

If you have replaced a Pickup Cab or Frame, vehicle is reconstructed and may need to be assigned a new Vehicle Identification Number.

REQUIREMENTS FOR VEHICLE EXAMINATION

Vehicle **MUST** be rebuilt prior to submitting this request - painting is optional. If vehicle does not pass the examination or you fail to keep your scheduled appointment you must request a new examination, submit a new LES 022A and pay the necessary fees.

Vehicle must have passed a VA State safety inspection after completion of the repairs and prior to the exam. VA Code § 46.2-1605.	You may obtain a trip permit to move your vehicle to and from a VA state safety inspection facility using the below link. www.dmv.virginia.gov/vehicles/temp_permit.asp .	Initial here that the state safety inspection is complete. _____
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Other items required for the exam - Original part receipts - Photo of the vehicle prior to repairs - Old component parts containing a VIN (if available).

CERTIFICATION (all owners must sign)

I/We certify and affirm that all information presented in this form is true and correct, that any documents I/we have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I/We make this certification and affirmation under penalty of perjury and I/we understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER/AUTHORIZED AGENT NAME (print)	OWNER/AUTHORIZED AGENT SIGNATURE	DATE (mm/dd/yyyy)
OWNER/AUTHORIZED AGENT NAME (print)	OWNER/AUTHORIZED AGENT SIGNATURE	DATE (mm/dd/yyyy)