

SALVAGE CERTIFICATE APPLICATION

Purpose: Use this form to apply for a salvage certificate and/or to report water damage to a vehicle.

Instructions: Submit the completed application with the estimated cost of repairs to the Vehicle Branding Work Center at the above address.

OWNER INFORMATION			
OWNER FULL LEGAL NAME (last)		(first)	(middle) (suffix)
SSN, FEIN OR VA DRIVER'S LICENSE NUMBER	TELEPHONE NUMBER		DEALER/REBUILDER NUMBER
OWNER STREET ADDRESS	CITY	STATE	ZIP CODE
CO-OWNER FULL LEGAL NAME (last)		(first)	(middle) (suffix)
SSN, FEIN OR VA DRIVER'S LICENSE NUMBER	EMAIL ADDRESS		

LIEN INFORMATION			
Is there a lien on this vehicle? <input type="checkbox"/> YES - Complete this section. <input type="checkbox"/> NO - Go to SOURCE INFORMATION section		LIEN DATE (mm/dd/yyyy)	LIENHOLDER NAME
LIENHOLDER MAILING ADDRESS	CITY	STATE	ZIP CODE

SOURCE INFORMATION			
VEHICLE PURCHASED FROM	SALE PRICE	SALES AND USE TAX	PURCHASE DATE (mm/dd/yyyy)
STREET ADDRESS	CITY	STATE	ZIP CODE
CURRENT TITLE ISSUE DATE (mm/dd/yyyy)	CURRENT TITLE NUMBER	STATE	

VEHICLE INFORMATION					
Check box and enter name of city, county or town where vehicle is principally garaged. <input type="checkbox"/> CITY <input type="checkbox"/> COUNTY <input type="checkbox"/> TOWN of				VEHICLE IDENTIFICATION NUMBER	
YEAR	MAKE	MODEL	BODY TYPE	VEHICLE COLOR PRIMARY SECONDARY	
EMPTY WEIGHT	GROSS WEIGHT	NUMBER OF AXLES	FUEL TYPE		
ACTUAL CASH VALUE (if required)	ESTIMATED REPAIRS COST (if required)	PERCENT OF DAMAGE (if required)	VEHICLE ACQUIRED DATE (mm/dd/yyyy)		
INSURANCE COMPANY NAME	INSURANCE CODE NUMBER	INSURANCE CLAIM NUMBER	CLAIM PAYMENT DATE (mm/dd/yyyy)		
<input type="checkbox"/> WATER DAMAGE CLAIM OF \$3,500 OR MORE HAS BEEN PAID BY THE INSURANCE COMPANY			<input type="checkbox"/> STOLEN VEHICLE		

ODOMETER READING	
ODOMETER READING (no tenths)	Federal and state law requires that you state the mileage in connection with the transfer of ownership. Failure to complete the statement or providing a false statement may result in fines and/or imprisonment.
To the best of my knowledge the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:	
<input type="checkbox"/> The mileage stated is in excess of its mechanical limits.	<input type="checkbox"/> The model year is at least 10 years or older than the current calendar year and was exempt from odometer disclosure in the prior state of title. (Applicant must present the out-of-state title showing the exemption).
<input type="checkbox"/> The odometer reading is not the actual mileage.	

DMV USE ONLY			
REASON HELD		SALE PRICE	
		TAX	
NCIC CHECK		TITLE FEE	
WITH LIEN	<input type="checkbox"/> YES <input type="checkbox"/> NO	TOTAL	

DESCRIPTION OF DAMAGE

IF APPLICABLE, CHECK THE BOX/BOXES TO INDICATE DAMAGED AREA ON VEHICLE.

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Front Bumper | <input type="checkbox"/> Right Fender | <input type="checkbox"/> Left Rear Quarter Panel | <input type="checkbox"/> Engine |
| <input type="checkbox"/> Grill | <input type="checkbox"/> Left Front Door | <input type="checkbox"/> Right Rear Quarter Panel | <input type="checkbox"/> Transmission |
| <input type="checkbox"/> Hood | <input type="checkbox"/> Right Front Door | <input type="checkbox"/> Trunk | <input type="checkbox"/> Frame/Unibody |
| <input type="checkbox"/> Radiator Support | <input type="checkbox"/> Left Rear Door | <input type="checkbox"/> Rear Bumper | <input type="checkbox"/> Air Bags |
| <input type="checkbox"/> Left Fender | <input type="checkbox"/> Right Rear Door | <input type="checkbox"/> Roof | <input type="checkbox"/> Dash |
| <input type="checkbox"/> P/U Cab | | | |

List other damaged parts:

ADDITIONAL INFORMATION

The information requested on an application for salvage certificate, in accordance with Virginia Code § 46.2-1603 (salvage certificate), as amended, is subject to dissemination to authorized agencies or individuals. Any person who refuses to supply the required information will be denied a salvage certificate. All salvage certificate records in the office of the Department of Motor Vehicles are privileged records subject to such regulations as the Commissioner may adopt. Copies of administrative rules and regulations are available from the Department of Motor Vehicles, Post Office Box 27412, Richmond, Virginia 23269-0001. This information is furnished to you in compliance with Virginia Code § 2.2-3806.

CERTIFICATION

All owners must sign. Giving misinformation with fraudulent intent is punishable as provided by law. Any person who falsely states the selling price or evades payment of tax shall be guilty of a Class 3 misdemeanor.

I/We hereby make application for a Salvage Certificate for the vehicle described herein and I/we further 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.

SIGNATURE OF APPLICANT	DATE (mm/dd/yyyy)
SIGNATURE OF APPLICANT	DATE (mm/dd/yyyy)