

West Virginia Department of Transportation Division of Motor Vehicles

Salvage Certificate Application



1-800-642-9066
dmv.wv.gov

Name _____ Daytime Phone _____

Address _____
STREET ADDRESS CITY STATE ZIP

Vehicle Information

Make _____ Year [][] [][] VIN No. []

Style of Body _____ Weight _____ or _____ Odometer Reading _____
PASSENGER VEHICLE TRUCKS GVW

COMPLETE THIS SECTION IF APPLICABLE Requesting NON-REPAIRABLE Certificate (Over 75% damaged & not to be reconstructed.) **NO FEE IS DUE**
 Flood Damage **\$22.50 FEE** Fire Damage **\$22.50 FEE** Salvage **\$22.50 FEE**

INDICATE DAMAGE BY CHECKING THE APPROPRIATE BOX, OR LIST PART UNDER "OTHER".

<input type="checkbox"/> Front Bumper	<input type="checkbox"/> Windshield	<input type="checkbox"/> Rear Bumper	Other Includes: Boats, Campers, Cycles, and misc. _____ _____ _____ _____
<input type="checkbox"/> Grill Assembly	<input type="checkbox"/> Side Glass - Left	<input type="checkbox"/> Frame	
<input type="checkbox"/> Hood	<input type="checkbox"/> Side Glass - Right	<input type="checkbox"/> Suspension	
<input type="checkbox"/> Fender - Left	<input type="checkbox"/> Rear Glass	<input type="checkbox"/> Seats	
<input type="checkbox"/> Fender - Right	<input type="checkbox"/> Roof Panel	<input type="checkbox"/> Radio Unit	
<input type="checkbox"/> Door Front - Left	<input type="checkbox"/> Qtr. Panel - Left	<input type="checkbox"/> Battery	
<input type="checkbox"/> Door Front - Right	<input type="checkbox"/> Qtr. Panel - Right	<input type="checkbox"/> Dash Panel	
<input type="checkbox"/> Door Rear - Left	<input type="checkbox"/> Deck Lid	<input type="checkbox"/> Engine	
<input type="checkbox"/> Door Rear - Right	<input type="checkbox"/> Rear Door S/W	<input type="checkbox"/> Other➔	

Lienholder Information (If required)

Name _____ Amount _____ Date _____
LIENHOLDER

Address _____
STREET ADDRESS CITY STATE ZIP

Applicant Certification

I hereby certify under penalty of fines and/or imprisonment, that the statements made herein are correct to the best of my knowledge and belief.

PRINTED NAME OF INSURANCE COMPANY OR OWNER
(X) _____ / /
ORIGINAL SIGNATURE OF INSURANCE COMPANY REPRESENTATIVE OR OWNER (NO COPIES OR STAMPS) DATE

***ANY ALTERATIONS OR ERASURES WILL VOID THIS FORM.**