



Pennsylvania
Department of Transportation

INSURER/SALVAGE DEALER APPLICATION FOR CERTIFICATE OF SALVAGE VEHICLES CURRENTLY TITLED IN PENNSYLVANIA

For Department Use Only

Bureau of Motor Vehicles • P.O. Box 68596, Harrisburg, PA 17106-8596

This application is to be used by an insurance company or salvage dealer when requesting a Pennsylvania Salvage Certificate. The Pennsylvania Certificate of Title assigned to the insurance company or salvage dealer must be attached. This application can be used for single requests and up to 10 vehicles.

INSTRUCTIONS

- Indicate if the request is for an original certificate of salvage or a duplicate certificate of salvage. Do not mix both original and duplicate requests on the same application. You will need to complete separate applications if both original and duplicate certificates of salvage are needed.
- Please do not skip item lines. Should you enter incorrect data, draw a line through that item line and enter correct data on the next line.
- Check appropriate box below if vehicle is a total loss due to flood (salvage certificate will be branded with a "W").
- Check appropriate box below if vehicle is a total loss due to theft (salvage certificate will be branded with an "N").
- Mail to the address in the upper right hand corner.

Check the Proper Box:

☐ Original Certificate of Salvage – Complete Sections A, B and C. ☐ Duplicate Certificate of Salvage – Complete Sections A, B and C.

A	Name of Insurer or Salvage Dealer to Whom Certificate(s) of Salvage Is/Are To Be Issued		DIN/Bus. Partner ID# of Salvage Dealer		Telephone Number	
	Street Address to which Certificate(s) of Salvage Are To Be Delivered		City		State	Zip Code

B ATTACH PENNSYLVANIA TITLE(S) IN ORDER AS LISTED BELOW. NOTE: MUST AGREE WITH INFORMATION PRINTED ON FACE OF ATTACHED TITLE(S)

Vehicle Title Number
(Do Not Include Letter)

Enter First Seven Letters of Last Name
(or Business Name) of Original Title Holder

- | | | |
|-----------|--|-------|
| 1. _____ | <input type="checkbox"/> W
<input type="checkbox"/> N | _____ |
| 2. _____ | <input type="checkbox"/> W
<input type="checkbox"/> N | _____ |
| 3. _____ | <input type="checkbox"/> W
<input type="checkbox"/> N | _____ |
| 4. _____ | <input type="checkbox"/> W
<input type="checkbox"/> N | _____ |
| 5. _____ | <input type="checkbox"/> W
<input type="checkbox"/> N | _____ |
| 6. _____ | <input type="checkbox"/> W
<input type="checkbox"/> N | _____ |
| 7. _____ | <input type="checkbox"/> W
<input type="checkbox"/> N | _____ |
| 8. _____ | <input type="checkbox"/> W
<input type="checkbox"/> N | _____ |
| 9. _____ | <input type="checkbox"/> W
<input type="checkbox"/> N | _____ |
| 10. _____ | <input type="checkbox"/> W
<input type="checkbox"/> N | _____ |

C CERTIFICATION: Check (✓) applicable block and sign below.

I, ☐ a registered Pennsylvania Salvage Dealer, ☐ an insurer as defined by the PA Motor Vehicle Financial Responsibility Law, certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I/we understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 Pa.C.S. Section 4904[b]).

Signature of Salvage Dealer/Insurer

Title of Signer

Visit us at www.pa.gov/dmv or call us at 717-412-5300. TTY callers — please dial 711 to reach us