



APPLICATION FOR CERTIFICATE OF AUTHORIZATION AS A SALVOR

(The space above is for Department use only)
Bureau of Motor Vehicles • P.O. Box 68584 • Harrisburg, PA 17106-9584

Application for authorization as a salvor may be made in conjunction with application for registration as a Miscellaneous Motor Vehicle Business (MMVB) in the vehicle salvage class or repair or towing business. If you currently hold this classification, please indicate name and identification number of business.

Name

I.D. Name

A	NAME AND ADDRESS OF BUSINESS - Exactly as registration is to be issued.			
Business Name		Business ID#	State Sales Tax#	
Street Address (Principal Place of Business)			Salvor Vendor Number	
City		County	State	Zip Code
Business Phone Number		Home Phone Number of President or Controlling Partner		
B	TYPE OF BUSINESS - Check (✓) One		THIS LOCATION IS - Check (✓) One	
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation		<input type="checkbox"/> Owned <input type="checkbox"/> Leased		
C	LIST ALL OWNER(S), PARTNERS OR CORPORATE OFFICERS OF BUSINESS			
1. Full Name _____ Title _____ PA DL/Photo ID# _____ Date of Birth _____				
Street Address _____ City _____ State _____ Zip Code _____				
2. Full Name _____ Title _____ PA DL/Photo ID# _____ Date of Birth _____				
Street Address _____ City _____ State _____ Zip Code _____				
3. Full Name _____ Title _____ PA DL/Photo ID# _____ Date of Birth _____				
Street Address _____ City _____ State _____ Zip Code _____				
4. Full Name _____ Title _____ PA DL/Photo ID# _____ Date of Birth _____				
Street Address _____ City _____ State _____ Zip Code _____				
D	BUSINESS DESCRIPTION - Indicate the nature of your business that qualifies your business for the type of registration for which you are making application.			
E	ADDITIONAL INFORMATION			
1. Have all owners, partners and officers read and understood Chapter 253 (Salvors)? <input type="checkbox"/> YES <input type="checkbox"/> NO				
2. Do you own or rent adequate storage facilities (minimum 5,000 square feet) for storing abandoned vehicles? <input type="checkbox"/> YES <input type="checkbox"/> NO				
3. Does this storage facility meet all local land use and zoning requirements? <input type="checkbox"/> YES <input type="checkbox"/> NO				
4. Do you own or rent suitable equipment for towing abandoned vehicles? <input type="checkbox"/> YES <input type="checkbox"/> NO				
List: _____				

F	UNSWORN DECLARATION					
<p>I/We declare under penalty of perjury under the law of the Commonwealth of Pennsylvania, that the foregoing is true and correct, and that application was made for the above product.</p> <p>Furthermore, I/we state that I/we have read and signed this application after its completion, and I/we swear or affirm that the statements made herein are true and correct, and that any statement made on or pursuant to this application is subject to the penalties of 18 Pa.C.S. Section 4904 (relating to unsworn falsification), which include criminal prosecution and a term of imprisonment, the maximum of which may be one year [18 Pa.C.S. 4904(b)], or up to two years [18 Pa.C.S. 4904(a)]. In addition to any other penalty, a person convicted under this section shall be sentenced to pay a fine of at least \$1,000 [18 Pa.C.S. 4904(d)].</p>						
<p>Signed on the _____ day of _____, _____ at _____, _____ (county or other location, and state), _____ (country).</p>						
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<p>NOTE: When business is discontinued, your salvor registration must be returned to the department within 5 days. If the business is moved to another location, the department must be notified within 10 days of the change.</p>						

INSTRUCTIONS FOR COMPLETING FORM MV-951

1. All information must be typed or printed in full. List name of business exactly as Salvor Authorization is to be issued. Address must have physical street address. Post Office Box may be used in addition to street address. Include business phone and home phone numbers. The license issued will be valid only at the business listed on this application.
2. Check appropriate box for type of business and if location is owned or leased and attach copy of the deed or lease.
3. List all owners, partners or corporate officers and do not forget to include their titles. Individuals should list their PA Driver's License number in the space provided. Additional sheets may be used if necessary.
4. Answer each question and provide all information requested.
5. Sign, date and have notarized in Section F.

DOCUMENTS THAT MUST ACCOMPANY THIS FORM

1. The bond prescribed by Title 75, Section 7303, on the form of the department (Form MV-375).
2. At least three photographs which clearly show the possession of towing equipment and the 5,000 square feet of required space for the storage of abandoned vehicles.

Mail all completed forms to: Commonwealth of Pennsylvania, Department of Transportation, Bureau of Motor Vehicles, P.O. Box 68594, Harrisburg, PA 17106-8594.