



I AM APPLYING FOR: [ ] A. Salvage Exam & Title [ ] B. Salvage Exam Only [ ] C. Salvage Exam Reapplication

Use the current proof of ownership to determine your total fee:

- A. New York State Salvage Certificate (MV-907A) \$200.00
• New York State title/Out-of-state title/Marshall's sale/Police Bill of Sale/Garageman Lien \$205.00
B. If your vehicle is already registered (Plate Number: \_\_\_\_\_) and you were notified it needed an exam \$155.00
Case number on letter you received: \_\_\_\_\_
C. Salvage exam reapplication fee due to a missed appointment \$150

NOTE: These fees cannot be refunded. No third party or starter checks will be accepted.

NAME OF PRIMARY OWNER (Last, First, Middle) NYS driver license number of PRIMARY SEX DATE OF BIRTH
NAME OF CO-OWNER (Last, First, Middle) NYS driver license number of CO-OWNER SEX DATE OF BIRTH
DAY TELEPHONE (Optional) Area Code ( ) Is this a corporation or partnership? [ ] Yes [ ] No
THE ADDRESS WHERE PRIMARY OWNER GETS MAIL (Include Street Number and Name, Rural Delivery or box number. This address will be on the document.)
THE ADDRESS WHERE PRIMARY OWNER RESIDES IF DIFFERENT FROM THE MAILING ADDRESS. (DO NOT GIVE A P.O. BOX.)

VEHICLE IDENTIFICATION NUMBER VEHICLE DESCRIPTION Year Make
Body Type For Cars (mark one) Body Type For Other Vehicles (mark one) Color Unladen Weight
Type of Power (Fuel) Cylinders For trailers & commercial vehicles Maximum Gross Weight For rentals, buses & taxis Seating Capacity For commercial vehicles Axles Distance
Odometer Disclosure/Reading in Miles I certify that the odometer reading of \_\_\_\_\_ is [ ] Actual, [ ] Not Actual, or [ ] Exceeds mechanical limits.

NY DEALER ONLY Lien Filing Code (Assigned by DMV) Lienholder Name and Mailing Address

EMAIL AND ALTERNATE ADDRESS (If you want the examination notice sent to another address, or by email, please complete the following):

Name (Use Corporate Name, if applicable) Home Telephone No. Business Telephone No. +E-mail Address
Address (Number and Street) Apt. #
City State ZIP Code

+Email notification: If you have requested to be notified by both regular mail and email, the email sent to you will constitute formal notice.

APPOINTMENT SITES: I request that the vehicle be examined at the following location:

- \_\_\_ Buffalo \_\_\_ Syracuse \_\_\_ Utica \_\_\_ Albany \_\_\_ Elmsford (serves Putnam/Westchester/Rockland & Bronx counties)
\_\_\_ Rochester \_\_\_ Binghamton\* \_\_\_ Canton\* \_\_\_ Plattsburgh\* \_\_\_ Queens Village (serves New York/Queens/Kings & Richmond counties)
\_\_\_ Horseheads\* \_\_\_ Highland \_\_\_ Oxford\* \_\_\_ West Babylon (serves Nassau & Suffolk counties)

\*NOTE: Only occasional service is offered at this location.

Do you need a permit to drive the vehicle to/from the exam location (NYS residents only) [ ] Yes [ ] No

If yes, please include:

- current proof of NYS insurance - copy of FS-20 or FS-21
• NYS Safety/emissions Inspection receipt showing "passed"

If you do not provide the proper forms, fees and signatures, your application and check/money order will be returned to you.

**TYPE OF SALVAGE** (check all boxes that apply to your vehicle):

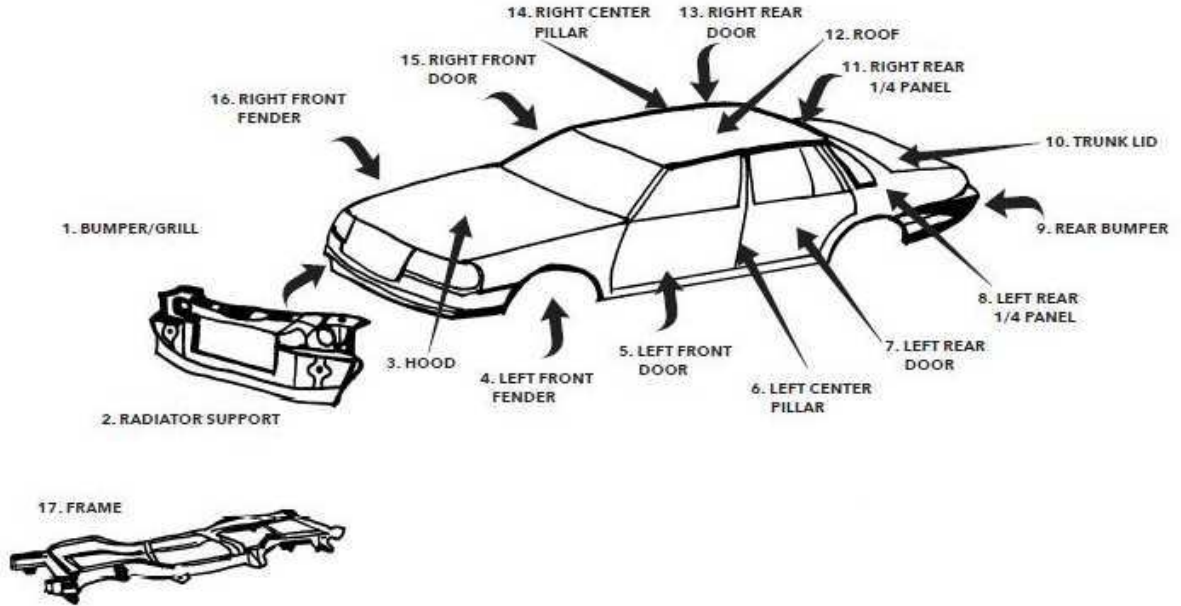
- Recovered Stolen With No Damage     
  Recovered Stolen (with damage)     
  Collision Loss     
  Flood Damage  
 Other (explain) \_\_\_\_\_

**MAJOR BODY PARTS, POWER TRAIN, AND AIRBAGS REPLACED** (you must check each box either Yes or No):

- |                              |                             |                              |                             |                              |                             |                              |                             |
|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    |
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| <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    | <input type="checkbox"/>     | <input type="checkbox"/>    |

**ITEMIZED BODY REPAIR** (you must check each box either Yes or No):

- YES NO**
1. Bumper/Grill  
  2. Radiator Support  
  3. Hood  
  4. Left Front Fender  
  5. Left Front Door  
  6. Left Center Pillar  
  7. Left Rear Door  
  8. Left Rear 1/4 Panel  
  9. Rear Bumper  
  10. Trunk Lid  
  11. Right Rear 1/4 Panel  
  12. Roof  
  13. Right Rear Door  
  14. Right Center Pillar  
  15. Right Front Door  
  16. Right Front Fender  
  17. Frame



**\*Receipts for Repairs:** If any major component part has been replaced, you **MUST** present sales receipts at the time of the vehicle examination. The receipts must show the stock number and vehicle identification number of any replacement parts used for the vehicle.

**CHECKLIST TO AVOID REJECTION OF APPLICATION:**

- MV-83SAL   
  Check or Money Order with correct fee   
  Original Proof of Ownership   
  Original Lien or Lien Release (if applicable)  
 Proof of Sales Tax Paid (FS-6T or MV-50)   
  Original Bill of Sale or Dealer Reassignment   
  Proof of Identity as described below:

**Individuals** - NY residents: a copy of your current NYS driver license or NYS Non-Driver ID Card. Non-Residents: 6 points of ID (refer to ID-82).  
**Corporations** - a copy of your Certificate of Incorporation, or a NYS vehicle registration or title in the corporation's name, or a NYS Department of State (DOS) filing receipt, or assumed name (DBA), or a certificate of good standing.  
**Partnerships** - your Certificate of Partnership or DBA filing receipt from your County Clerk, or Statement of Partnership or Joint Ownership (MV-83T).

**If you have questions regarding your application:**

- Examination Scheduling Related: (518) 474-0955 Monday - Friday 9:00am - 4:00pm
- Application and Title related: (518) 473-0399 Tuesday - Thursday 9:00am - 4:00pm

**Mail your completed application and fee to:**

**AUTO THEFT & SALVAGE UNIT**  
 DFI P.O. Box 2105 Empire State Plaza  
 Albany NY 12220-0105

**The Division of Field Investigation will notify you by mail/email of the date, time and address of your appointment.** You may postpone your scheduled appointment if you give two business days (48 hours) notice by emailing [DFICancel@dmv.ny.gov](mailto:DFICancel@dmv.ny.gov) or calling (518) 474-0955. However, you may reschedule only one time. **If you do not keep a scheduled appointment, your fee will be forfeited** and you must reapply by completing MV-83SAL and paying a new fee of \$150.00, or paying with a credit card by calling (518) 486-9786.

**WARNING:** Intentionally making a false statement or providing false or misleading information in connection with this application is a criminal offense that may subject you to criminal prosecution under the law. The conduct of an examination of subject vehicle by DMV does not constitute any representation concerning the safety of the vehicle. The act of submitting a vehicle for examination by DMV shall constitute a waiver of all claims of liability to DMV and the State of New York respecting the subsequent operation of the vehicle.

**CERTIFICATION:** I certify that, to the best of my knowledge, the information provided on this form is true and complete.

Print Name: \_\_\_\_\_ DMV Facility Number (if applicable) \_\_\_\_\_

Signature: \_\_\_\_\_ Date \_\_\_\_\_

(Sign Name in Full)