



## SALVAGE VEHICLE NOTICE OF RETENTION BY OWNER

*Inaccurate or incomplete information on this form may result in the information not being updated.*

VEHICLE IDENTIFICATION NUMBER	MOTORCYCLE ENGINE NUMBER	MAKE	CALIFORNIA LICENSE PLATE
<b>Vehicle Owner(s) on Date of Loss</b>	LAST NAME		MIDDLE
	FIRST		MIDDLE
	<input type="checkbox"/> AND <input type="checkbox"/> OR		
	ADDRESS		
<b>Insurance Company Reporting Retention of this Salvage Vehicle</b>	I, the undersigned, certify that the above described salvage vehicle has been retained by the owner(s) and, as required by California Vehicle Code §11515(b), he/she has been notified that, within 10 days of the settlement of loss date, he/she must surrender the vehicle's Certificate of Title and license plates, and apply for a Salvage Certificate. The vehicle owner(s) has also been notified that the Department of Motor Vehicles' database record for the vehicle will reflect a "Salvaged" notation (brand).		
	DATE	AUTHORIZED SIGNATURE FOR INSURANCE COMPANY	PRINTED NAME
		<b>X</b>	
	INSURANCE COMPANY NAME		
INSURANCE COMPANY ADDRESS			
DATE OF LOSS	CLAIM NUMBER	DAYTIME TELEPHONE NUMBER (    )	

**MAIL COMPLETED FORM TO: Department of Motor Vehicles – MS D190, P.O. Box 942890, Sacramento, CA 94290-0001**