

West Virginia Department of Transportation
Division of Motor Vehicles
Salvage Certificate Application



1-800-642-9066
www.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 **NONREPAIRABLE** Certificate
(Over 75% damaged & not to be reconstructed.)
NO FEE IS DUE

☐ Flood Damage
\$15.00 FEE

☐ Fire Damage
\$15.00 FEE

☐ Salvage
\$15.00 FEE

☐ Owner Retention • **MUST PROVIDE INSURANCE COMPANY NAME** _____

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 |
| <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 → |

Other Includes: Boats, Campers, Cycles, and misc.

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

(X)

ORIGINAL SIGNATURE OF INSURANCE COMPANY REPRESENTATIVE (NO COPIES OR STAMPS)

DATE

/ /

***A \$15.00 fee accompanies this form unless requesting a NONREPAIRABLE certificate.
ANY ALTERATIONS OR ERASURES WILL VOID THIS FORM.**