

West Virginia Department of Transportation
Division of Motor Vehicles
Salvage Certificate/Owner Retention



1-800-642-9066
www.dmv.wv.gov

Owner Information

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 IF APPLICABLE

- ☐ **Owner Retention / Salvage Certificate** - Please issue a salvage certificate in the name of the applicant listed above -- vehicle cannot be legally operated until the vehicle has been through the reconstructed title process and a reconstructed title has been issued by the DMV.

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.

Insurance Company Certification

Name of Insurance Company _____

Signature of Representative (X) _____ Date ____ / ____ / ____

*** This form must be accompanied by the owner's title and the required \$15.00 fee.**

ANY ALTERATIONS OR ERASURES WILL VOID THIS FORM.