DMV-SV-1
REV 5/12

West Virginia Department of Transportation

Division of Motor Vehicles

Salvage Certificate Application

West Virginia dmv
Keeping West Virginia on the move.

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".

☐ Front Bumper	☐ Windshield	☐ Rear Bumper
☐ Grill Assembly	☐ Side Glass - Left	☐ Frame
☐ Hood	☐ Side Glass - Right	☐ Suspension
☐ Fender - Left	☐ Rear Glass	☐ Seats
☐ Fender - Right	☐ Roof Panel	☐ Radio Unit
☐ Door Front - Left	☐ Qtr. Panel - Left	☐ Battery
☐ Door Front - Right	☐ Qtr. Panel - Right	☐ Dash Panel
☐ Door Rear - Left	☐ Deck Lid	☐ Engine
☐ Door Rear - Right	☐ Rear Door S/W	☐ 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.