# AFFIDAVIT OF REBUILT OR REPAIRED SALVAGE VEHICLE



## SECRETARY OF STATE BUREAU OF MOTOR VEHICLES VEHICLE SERVICES - TITLE SECTION

	Final Vehicle Owner							
Name:	Vehicle Make:							
Address	:	Vehicle Model:						
City:	710	<b>DI</b>	VIN:		A#:R			
State: _	ZIY	ZIPPhone: ()		CTA#: R				
indicate w	hether the component	was replaced with a r	d in the repair of the saluew part (N), or a used pais <i>form</i> . For used parts	art (U), or if the part w	vas repaired (R) i			
KEY N/U/R	PART	L-Left R-Right	VIN	TITLE STATE	TITLE NUMBER	DATE SURRENDEREI		
	FENDER							
	FRONT DOOR							
	REAR DOOR							
	QUARTER							
	AIRBAG (S)	Serial Number	(s) for each new airbag					
	AIRBAG (S)	Record V	IN if used airbag					
	COMPLETE FRONT CLIP	If a full	clip is used, record VIN					
	COMPLETE REAR CLIP	If a full	clip is used, record VIN					
	ROOF							
	HOOD							
	TAILGATE/HB/LID							
	CARGO BED							
	FRAME							
	ENGINE							
	TRANSMISSION							
	TRANSFER CASE							
	FRONT FORK (MC)							
	CRANKCASE (MC)							
□ No re	pairs made. (Pleas	e explain):						
Date:	Re	pairer's signature:						
Address:				Telephone:				

I, the above signed, under penalties of false statement do certify the information in Part A is true and correct to the best of my knowledge.

#### DISPOSITION OF SALVAGE VEHICLE



### SECRETARY OF STATE BUREAU OF MOTOR VEHICLES VEHICLE SERVICES - TITLE SECTION

#### PART B

**NOTICE:** You <u>must</u> surrender the title of a salvage vehicle to the Maine Bureau of Motor Vehicles as soon as you remove any component part as listed in Part A of the reverse of this form, or as soon as a salvage vehicle is scrapped, compressed or destroyed, even if the title is from another state.

**INSTRUCTIONS:** Use Part B to inform the Secretary of State that a salvage vehicle has been scrapped, dismantled, compressed or destroyed. (If the salvage vehicle has been rebuilt use Part A on the reverse of this form.) A salvage vehicle is any vehicle for which an insurance company has made a total loss payoff or which an owner declares is only useful for parts.

# PERSON OR COMPANY SURRENDERING TITLE (S)

ADDRESS  TITLES SURRENDERED						
Under penalties of false statement, I, the dismantled, compressed or destroyed.	undersigned, certify that the	he vehicles described in the attached certificates of title were scrapped,				
Signature:		Date:				

101 Hospital Street, #29 State House Station, Augusta, ME 04333-0029 Tel. (207) 624-9000 Ext. 52138 FAX: 624-9254 TTY: 877-456-8195