



# INSURANCE COMPANY APPLICATION FOR SALVAGE CERTIFICATE WHEN TITLE NOT ASSIGNED

**For Department Use Only**  
Bureau of Motor Vehicles • P.O. Box 68593 • Harrisburg, PA 17106-8593

This application may only be used by an insurance company when the insurance company is unable to obtain the properly endorsed certificate of title or certification of salvage within 30 days following oral, written or electronic acceptance by the vehicle owner of an offer of an amount in settlement of a total loss. This application does not apply to a vehicle when there was NOT oral, written or electronic acceptance by the owner of the total loss settlement or to a vehicle that has been driven or taken without the consent of the vehicle owner. **No fee is required.**

<b>A INSURANCE COMPANY INFORMATION</b>				
Name of Insurance Company				
Street Address			City	State
				Zip
<b>B VEHICLE DESCRIPTION</b>				
Owner Name		Title Number	Vehicle Identification Number	
Year	Make	Body Style		
<b>C ODOMETER READING</b>				
I/We certify to the best of my/our knowledge that the odometer reading is ____ ____ ____ , ____ ____ ____ <sup>NO TENTHS</sup> <input checked="" type="checkbox"/> miles and reflects the actual mileage of the vehicle, unless one of the following boxes is checked:				
<input type="checkbox"/> Reflects the amount of mileage in excess of mechanical limits		<input type="checkbox"/> Is <b>NOT</b> the actual mileage. <b>WARNING:</b> Odometer discrepancy		
<b>WARNING:</b> Federal and state laws require that you state the mileage in connection with this application. Failure to complete or providing a false statement may result in fines and or imprisonment.				
<b>D CERTIFICATION</b>				
<input type="checkbox"/> I understand documentation must be in the possession of the insurance company and available upon department request. These items do not need to be submitted with the application.				
<input type="checkbox"/> The insurance company has made at least two written attempts, mailed or delivered, to obtain the assigned certificate of title or certificate of salvage.				
<input type="checkbox"/> The insurance company has mailed or delivered the settlement payment to the vehicle owner.				
<input type="checkbox"/> The owner has accepted the total loss settlement (oral, written or electronic acceptance).				
<p>I certify that the owner of the total loss vehicle named in this document has failed to provide an assigned certificate of title or certificate of salvage within the 30 days following acceptance of an offer settlement for the total loss. I further certify under penalty of law that ALL information contained herein is TRUE and CORRECT and that I/we understand that any misstatement of fact is a misdemeanor of the third degree punishable by a fine up to \$2,500 and/or imprisonment up to 1 year (18 Pa.C.S. Section 4904[b]).</p>				
_____ Printed Name of Authorized Signer			_____ Telephone Number	
_____ Signature of Authorized Signer			_____ Date	