



# INSURANCE COMPANY APPLICATION FOR CERTIFICATE OF SALVAGE FOR A STOLEN VEHICLE

**For Department Use Only**  
Bureau of Motor Vehicles • P.O. Box 68699 • Harrisburg, PA 17104-8699

This application is to be used by an insurance company when requesting a Pennsylvania Salvage Certificate for a stolen vehicle. The Pennsylvania Certificate of Title, assigned to the insurance company making application, must be attached. Also, attach to this application a copy of the police incident report that confirms the vehicle described was stolen. If no police incident report is provided, Section D, must be completed. Section E is required when the vehicle is stolen and unrecovered. **NO FEE REQUIRED.**

Check (✓) Proper Block

- Original Certificate of Salvage** - Complete Sections A, B, and F. Sections D and E are to be completed when applicable.
- Duplicate Certificate of Salvage** - Complete Sections A, B, C and F. **NOTE:** When a certificate of salvage to a vehicle reported stolen has been lost, stolen, defaced or never received, only the insurance company listed on the front of the original certificate of salvage may obtain a duplicate.

<b>A APPLICANT INFORMATION</b>			
Insurance Company Name			
Street Address			
City		State	Zip Code
<b>B VEHICLE DESCRIPTION</b>			
Title Number		Vehicle Identification Number	
Year	Make	Owner's Last Name as Printed on Face of Attached Title (only for original certificate of salvage request)	
<b>C APPLICATION FOR DUPLICATE</b>			
<b>REASON:</b> <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Defaced (Certificate must be attached) <input type="checkbox"/> Never Recieved <input type="checkbox"/> *Other * Please Explain: _____			
<b>D LAW ENFORCEMENT REPORTING</b> - Complete when applying for an original certificate of salvage and no police incident report is attached.			
Check (✓) One: <b>REPORTED TO:</b> <input type="checkbox"/> Local Law Enforcement <input type="checkbox"/> State Law Enforcement			
Incident Number	Date of Incident	Station Name	Station Telephone Number
Law Enforcement Station Address			
Nature of Incident		Investigator	Badge Number
<b>E ODOMETER READING</b> - (Complete when vehicle is stolen and unrecovered. When vehicle is recovered, complete official odometer disclosure on title.)			
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>F SIGNATURES</b>			
I/We 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]).			
Printed Name of Authorized Person		Telephone Number	
Signature of Authorized Person	Title of Authorized Person	Date	