

ADOPTED



APPLICATION FOR:

CHECK ONE BOX

- Unobtainable Title Certification for Issuance of Salvage Certificate
- Unobtainable Title Certification for Issuance of Nonrepairable Certificate

Authority Section: CVC 11515 / CVC 11515(a)(2)

SECTION 1 - VEHICLE DESCRIPTION

VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE LICENSE PLATE	MAKE	YEAR MODEL
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SECTION 2 - INSURANCE COMPANY

NAME OF INSURANCE COMPANY

ADDRESS CITY STATE ZIP CODE

PRINTED NAME OF INDIVIDUAL OR BUSINESS RECEIVING SETTLEMENT ACCEPTANCE DATE OF SETTLEMENT (MM/DD/YYYY)

SECTION 3 - APPLICANT FOR UNOBTAINABLE TITLE

PRINTED NAME OF INSURANCE COMPANY, SALVAGE POOL, OR OCCUPATIONAL LICENSEE OF THE DEPARTMENT

STREET ADDRESS CITY STATE ZIP CODE

SECTION 4 - EVIDENCE TO OBTAIN CERTIFICATE OF TITLE

Evidence that two written attempts to obtain the certificate of title or other evidence of ownership were made without success is required and must accompany this document and be submitted with the application for salvage certificate or nonrepairable certificate.

The written requests were sent to:

PRINTED NAME

STREET ADDRESS CITY STATE ZIP CODE

PRINTED NAME

STREET ADDRESS CITY STATE ZIP CODE

Date of first written attempt, which must be after the verbal or written acceptance of settlement.	MONTH	DAY	YEAR
Date of second written attempt, which must be at least 15 days after the first written attempt.	MONTH	DAY	YEAR

SECTION 5 - CERTIFICATION

The undersigned certifies that the above described vehicle, for which a properly endorsed titling document or evidence of ownership is unobtainable, is a total loss salvage, and requests the Department of Motor Vehicles to issue a salvage certificate or nonrepairable certificate as appropriate.

The undersigned is authorized to make this request on behalf of the insurance company, occupational licensee of the department, or salvage pool. I agree to indemnify and save harmless the Director of Motor Vehicles for any loss suffered resulting from the issuance of said salvage certificate or nonrepairable certificate.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

PRINTED LAST NAME	FIRST NAME	MIDDLE NAME	DAYTIME TELEPHONE NUMBER
			()
SIGNATURE			DATE