



I AM APPLYING FOR: A. Salvage Exam & Title B. Salvage Exam Only C. Salvage Exam Reapplication

Your current proof of ownership determines the total fee you must pay. Make your check or money order payable to "Commissioner of Motor Vehicles".

- A. • New York State Salvage Certificate (MV-907A): \$200.00
• New York State title/Out-of-state title/Marshall's sale/Police Bill of Sale/Garageman Lien: \$205.00
B. If your vehicle is already registered (Plate Number: _____) and you were notified it needed an exam: \$155.00
Case number on letter you received: _____
C. Salvage exam reapplication fee due to a missed appointment: \$150

NOTE: These fees cannot be refunded. No third party or starter checks will be accepted.

Form section for owner information including: NAME OF PRIMARY OWNER, NYS driver license number, SEX, DATE OF BIRTH, NAME OF CO-OWNER, CONTACT TELEPHONE #, THE ADDRESS WHERE PRIMARY OWNER GETS MAIL, and THE ADDRESS WHERE PRIMARY OWNER RESIDES IF DIFFERENT FROM THE MAILING ADDRESS.

Form section for vehicle information including: VEHICLE IDENTIFICATION NUMBER, VEHICLE DESCRIPTION, Body Type For Cars, Body Type For Other Vehicles, Type of Power (Fuel), Cylinders, Maximum Gross Weight, Seating Capacity, Axles, Distance, and Odometer Disclosure/Reading in Miles.

Form section for lien information including: NY DEALER ONLY, Lien Filing Code, Lien holder Name and Mailing Address.

EMAIL AND ALTERNATE ADDRESS (If you want the examination notice sent to another address, or by email, please complete the following):

Form section for alternate address including: Name, Address (Number and Street), City, State, ZIP Code, Apt. #, E-mail Address, Home Telephone No., and Business Telephone No.

*Email Notification: If you have provided your email address, the email notice you receive will be the only notification sent to you. Please save and print that notice as you will NOT receive a letter by regular mail.

APPOINTMENT SITES: I request that the vehicle be examined at the following location:
Buffalo Syracuse Utica Albany Elmsford (serves Putnam/Westchester/Rockland & Bronx counties)
Rochester Binghamton* Canton* Plattsburgh* Queens Village (serves New York/Queens/Kings & Richmond counties)
Horseheads* Highland Oxford* West Babylon (serves Nassau & Suffolk counties)

*NOTE: Only occasional service is offered at this location.

Do you need a permit to drive the vehicle to/from the exam location (NYS residents only) Yes No
If yes, please include: • current proof of NYS insurance (a copy of form FS-20 or form FS-21)
• NYS Safety/emissions Inspection report showing "passed"

If you do not provide a completed application, the proper forms, fees and signatures, your application and check or money order will be returned to you.

TYPE OF SALVAGE (check all boxes that apply to your vehicle):

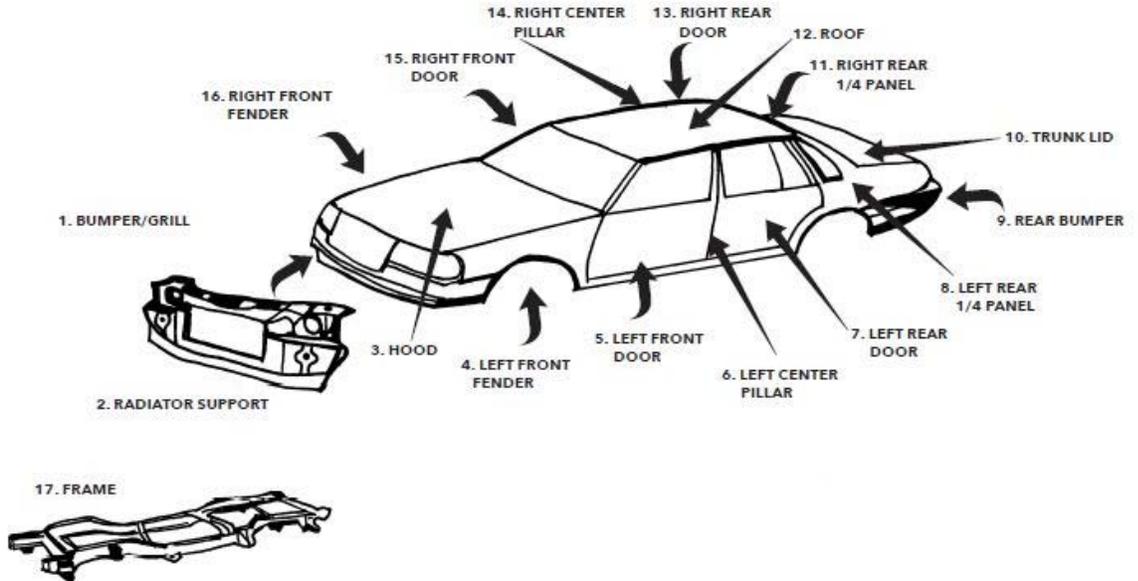
- Recovered Stolen With No Damage
- Recovered Stolen (with damage)
- Collision Loss
- Flood Damage
- Other (explain) _____

MAJOR BODY PARTS, POWER TRAIN, AND AIRBAGS REPLACED (you must check each box either Yes or No):

- | | | | | | | | |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| YES | NO | YES | NO | YES | NO | YES | NO |
| <input type="checkbox"/> |
| <input type="checkbox"/> |
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| <input type="checkbox"/> |
| <input type="checkbox"/> |

ITEMIZED BODY REPAIR (you must check each box either Yes or No): Not required for Bikes, trailers, etc.

- YES** **NO**
- 1. Bumper/Grill
 - 2. Radiator Support
 - 3. Hood
 - 4. Left Front Fender
 - 5. Left Front Door
 - 6. Left Center Pillar
 - 7. Left Rear Door
 - 8. Left Rear 1/4 Panel
 - 9. Rear Bumper
 - 10. Trunk Lid
 - 11. Right Rear 1/4 Panel
 - 12. Roof
 - 13. Right Rear Door
 - 14. Right Center Pillar
 - 15. Right Front Door
 - 16. Right Front Fender
 - 17. Frame



***Receipts for Repairs:** If any major component part has been replaced, you **MUST** present sales receipts at the time of the vehicle examination. The receipts must show the stock number and vehicle identification number of any replacement parts used for the vehicle.

CHECKLIST TO AVOID REJECTION OF APPLICATION: (Please make sure all required forms are properly completed and signed)

- MV-83SAL
 - Check or Money Order with correct fee
 - Original Proof of Ownership *
 - Bill of Sale and/or Dealer Reassignment (if applicable) *
 - Proof of Sales Tax Paid (form FS-6T or form MV-50)
 - Original Lien or Lien Release (if applicable)
 - Proof of Identity (as listed below):
 - Individuals** - NY residents: a copy of your current NYS driver license or NYS non-driver ID card. Non-Residents: 6 points of ID (refer to form ID-82).
 - Corporations** - A copy of your Certificate of Incorporation, or a NYS vehicle registration or title in the corporation's name, or a NYS Department of State (DOS) filing receipt, or assumed name (DBA), or a certificate of good standing.
 - Partnerships**- Your Certificate of Partnership or DBA filing receipt from your County Clerk, or Statement of Partnership or Joint Ownership (form MV-83T).
- * Must have both buyer and seller signatures

If you have questions regarding your application:

- Examination Scheduling Related: (518) 474-0955 Monday - Friday 9:00am - 4:00pm
- Application and Title related: (518) 473-0399 Tuesday - Thursday 9:00am - 4:00pm

Mail your completed application and fee to:

AUTO THEFT & SALVAGE UNIT
DFI P.O. Box 2105 Empire State Plaza
Albany NY 12220-0105

The Division of Field Investigation will notify you by mail/email of the date, time and address of your appointment. You may postpone your scheduled appointment if you give two business days (48 hours) notice by emailing DFICancel@dmv.ny.gov or calling (518) 474-0955. However, you may reschedule only one time. **If you do not keep a scheduled appointment, your fee will be forfeited** and you must reapply by completing form MV-83SAL and paying a new fee of \$150.00, or pay with a credit card by calling (518) 486-9786.

WARNING: Intentionally making a false statement or providing false or misleading information in connection with this application is a criminal offense that may subject you to criminal prosecution under the law. The conduct of an examination of subject vehicle by DMV does not constitute any representation concerning the safety of the vehicle. The act of submitting a vehicle for examination by DMV shall constitute a waiver of all claims of liability to DMV and the State of New York respecting the subsequent operation of the vehicle.

CERTIFICATION: I certify that, to the best of my knowledge, the information provided on this form is true and complete.

Primary Owner

Print Name: _____

Co-Owner

Print Name: _____

Signature: _____
(Sign Name in Full)

Signature: _____
(Sign Name in Full)

DMV Facility Number (if applicable) _____

Date _____