



Your current **proof of ownership** determines the total fee you must pay:

- A. New York State title/Out-of-state title/Marshal's sale/Police Bill of Sale/Garageman Lien: **\$205.00**
- B. New York State Salvage Certificate (form MV-907A): **\$200.00**
- C. Owner-retained Salvage: **\$200.00**
- D. You received a letter from the Department of Motor Vehicles that indicates your vehicle must go through the salvage examination process (DMV Case # _____): **Include the fee indicated in the letter.**

Make your check or money order payable to "Commissioner of Motor Vehicles".

NOTE: These fees cannot be refunded. The Department of Motor Vehicles does not accept third party or starter checks.

NAME OF PRIMARY OWNER (Last, First, Middle)		NYS driver license number of PRIMARY		SEX	DATE OF BIRTH
<input type="text"/>		<input type="text"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
NAME OF CO-OWNER (Last, First, Middle)		NYS driver license number of CO-OWNER		SEX	DATE OF BIRTH
<input type="text"/>		<input type="text"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
CONTACT TELEPHONE # (Required)		Is this a corporation or partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Area Code <input type="text"/> (<input type="text"/>)					
THE ADDRESS WHERE PRIMARY OWNER GETS MAIL (Include Street Number and Name, Rural Delivery or box number. This address will be on the document.)					
<input type="text"/>		Apt. No. <input type="text"/>	City or Town <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>
THE ADDRESS WHERE PRIMARY OWNER RESIDES IF DIFFERENT FROM THE MAILING ADDRESS. (DO NOT GIVE A P.O. BOX.)					
<input type="text"/>		Apt. No. <input type="text"/>	City or Town <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>

VEHICLE IDENTIFICATION NUMBER												VEHICLE DESCRIPTION	
<input type="text"/>												Year <input type="text"/>	Make <input type="text"/>
Body Type For Cars (mark one)						Body Type For Other Vehicles (mark one)						Color <input type="text"/>	Unladen Weight <input type="text"/>
<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Convertible <input type="checkbox"/> Station Wagon or Suburban <input type="checkbox"/> Other <input type="text"/>						<input type="checkbox"/> Pick-up Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tow Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Other <input type="text"/>							
Type of Power (Fuel)				Cylinders		For trailers & commercial vehicles		For rentals, buses & taxis		For commercial vehicles		Axles <input type="text"/>	Distance <input type="text"/>
<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Flex <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Hybrid <input type="checkbox"/> None				<input type="text"/>		Maximum Gross Weight		Seating Capacity		<input type="text"/>			
Odometer Disclosure/Reading in Miles													
I certify that the odometer reading of <input type="text"/> is <input type="checkbox"/> Actual, <input type="checkbox"/> Not Actual, or <input type="checkbox"/> Exceeds mechanical limits.													

NY DEALER ONLY	Lien Filing Code (Assigned by DMV)	Lienholder Name and Mailing Address
	<input type="text"/>	

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

Name (Use Corporate Name, if applicable)		
Address (Number and Street)		Apt. #
City	State	ZIP Code
*Email Address (Please print clearly)	Home Telephone No. ()	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 to have the vehicle examined at the following location:

- | | | | | |
|---------------------------------------|-----------------------------------------------------------------------------------------------|-----------------------------------|----------------------------------------|--------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Buffalo | <input type="checkbox"/> Binghamton** | <input type="checkbox"/> Utica | <input type="checkbox"/> Albany | <input type="checkbox"/> Bronx (serves Westchester & Bronx counties) |
| <input type="checkbox"/> Rochester | <input type="checkbox"/> Highland (serves Ulster/ Putnam/Dutchess/Orange & Rockland Counties) | <input type="checkbox"/> Canton** | <input type="checkbox"/> Plattsburgh** | <input type="checkbox"/> Queens Village (serves New York/Queens/Kings & Richmond counties) |
| <input type="checkbox"/> Horseheads** | | <input type="checkbox"/> Oxford** | | <input type="checkbox"/> West Babylon (serves Nassau & Suffolk counties) |
| <input type="checkbox"/> Syracuse | | | | |

****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, you must include the following:

- 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 the correct forms, fees, and a completed and signed application, DMV must return your application and check or money order to you.

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

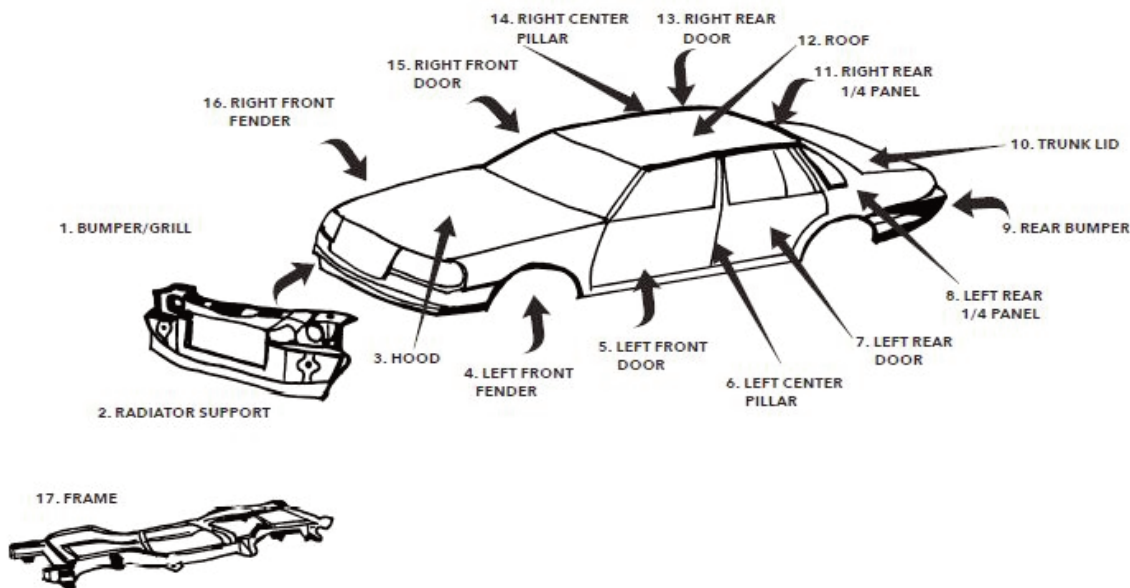
- ☐ Recovered Stolen With No Damage
 ☐ Recovered Stolen (with damage)
 ☐ Collision Loss
 ☐ Flood Damage
- ☐ Unknown
 ☐ Other (explain) _____

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

- | YES | NO | YES | NO | YES | NO | YES | NO | YES | NO |
|--------------------------|-----------------------------------------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|-------------------------------|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Vehicle Identification Number Plate Missing, Altered or Defaced | | Right 3/4 Nose | | Rear Clip | | Frame (Repair or Replacement) | | Driver Air Bag |
| | | | Nose (Complete) | | Cowls | | | | Passenger Air Bag |
| <input type="checkbox"/> | Left 3/4 Nose | <input type="checkbox"/> | Body | <input type="checkbox"/> | Front Cut Off | <input type="checkbox"/> | Engine | <input type="checkbox"/> | Other Air Bags |
| | | | | | | <input type="checkbox"/> | Transmission | | |

ITEMIZED BODY REPAIR (you must check either Yes or No for each item):
☐ 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: At the time of examination, you MUST present original receipts and/or ownership documents for items replaced (those noted above under Major Body Parts, Power Train, Airbags and the Itemized Body Repair check list). They must show the stock number and vehicle identification number (VIN) for the replacement item.

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

- ☐ Signed MV-83SAL
☐ Check or Money Order with correct fee
☐ Original Proof of Ownership *
Once approved, original documents cannot be returned.
☐ Original 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 about your application regarding:

- Examination Scheduling, call: (518) 474-0955 Monday - Friday 9:00am - 4:00pm
- Application and Title, call: (518) 473-0399 Tuesday - Wednesday 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 your scheduled appointment, you will forfeit your fee.** You must pay a new fee of \$150.00. To pay this fee, send a check or money order to the address above, or call either 518-486-9786 or 1-800-698-2931 to pay by credit card.

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 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)

 Dealer
 Signature
 (if applicable) ☒

 DMV Facility
 Number (if applicable) _____

Date: _____