

MV-6SV (02-03)

Department of Transportation
 Bureau of Motor Vehicles
 PO. Box 68699
 Harrisburg, PA 17104-8699

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

FOR DEPARTMENT USE ONLY

(PRINT OR TYPEWRITE ALL INFORMATION IN FULL)

This application may only be used with a **Pennsylvania Certificate of Title** by an Insurance Company. - **No Fee Required**

Check Proper Block

1. Original Certificate of Salvage 2. Duplicate Certificate of Salvage - only if vehicle is stolen

A APPLICANT INFORMATION			
INSURANCE COMPANY NAME IN WHICH CERTIFICATE OF SALVAGE IS TO BE ISSUED			
STREET ADDRESS TO WHICH CERTIFICATE OF SALVAGE IS TO BE DELIVERED			
CITY		STATE	ZIP CODE
B VEHICLE DESCRIPTION			
TITLE NO.		VEHICLE IDENTIFICATION NUMBER	
YEAR	MAKE	OWNER'S LAST NAME AS PRINTED ON FACE OF ATTACHED TITLE	
C APPLICATION FOR DUPLICATE			
REASON: <input type="checkbox"/> LOST <input type="checkbox"/> STOLEN <input type="checkbox"/> DEFACED <small>(Certificate must be attached)</small> <input type="checkbox"/> NEVER RECEIVED <input type="checkbox"/> * OTHER			
* PLEASE EXPLAIN _____			
D ODOMETER READING			
I/We certify to the best of my/our knowledge that the odometer reading is _____, _____ <input checked="" type="checkbox"/> NO TENTHS 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 its mechanical limits		<input type="checkbox"/> is NOT the actual mileage. Warning: Odometer discrepancy.	
WARNING: 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.			
E SIGNATURES			
I/We certify that all information provided on this form is true and correct.			
<input checked="" type="checkbox"/> _____ SIGNATURE OF APPLICANT OR AUTHORIZED PERSON		() _____ TELEPHONE NUMBER	
<input checked="" type="checkbox"/> _____ SIGNATURE OF CO-APPLICANT		_____ DATE	

INSTRUCTIONS

- If Block 1 is checked: Complete Sections A, B, D and E.
 - Reported to Police Department.** The applicant completing this application must be the insurance company whose name appears on the reverse side of the attached Pennsylvania Certificate of Title. The properly assigned **Pennsylvania Certificate of Title** must be attached to this application along with a copy of the police report that confirms the vehicle described was stolen.
 - Reported to the Pennsylvania State Police - Complete the following.

1. INCIDENT NO.	2. DATE	3. STATION	4. TELEPHONE NO. ()
5. NATURE OF INCIDENT			
6. INVESTIGATOR			7. BADGE NO.

- If Block 2 is checked and the vehicle is still stolen: Complete Sections A, B, C and E.

When a Certificate of Salvage to a vehicle reported stolen has been lost, stolen, defaced or never received, the insurance company on the front of the original certificate of salvage may obtain a duplicate.

THIS APPLICATION MAY BE REPRODUCED

Messenger No.