www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

APPLICATION FOR NON-REPAIRABLE CERTIFICATE

VSA 57 (08/01/05)

Purpose: Use this form to apply for a no fee non-repairable certificate.

Instructions: Return the completed form to DMV's Salvage Work Center at the above address.

CERTIFICATE NUMBER _____

OWNER INFORMATION

INSURANCE COMPANY NAME OR OWNER'S FULL LEGAL NAME (last)	(first)	(middle)

TELEPHONE NUMBER	EMPLOYER ID NUMBER OR DMV CUSTOMER NUMBER		
ADDRESS	CITY	STATE	ZIP CODE

INSURANCE COMPANY CODE NUMBER	STOCK NUMBER OR INSURANCE CLAIM NUMBER	DATE OF CLAIM PAYMENT TO OWNER/LIENHOLDER (mm/dd/yyyy)

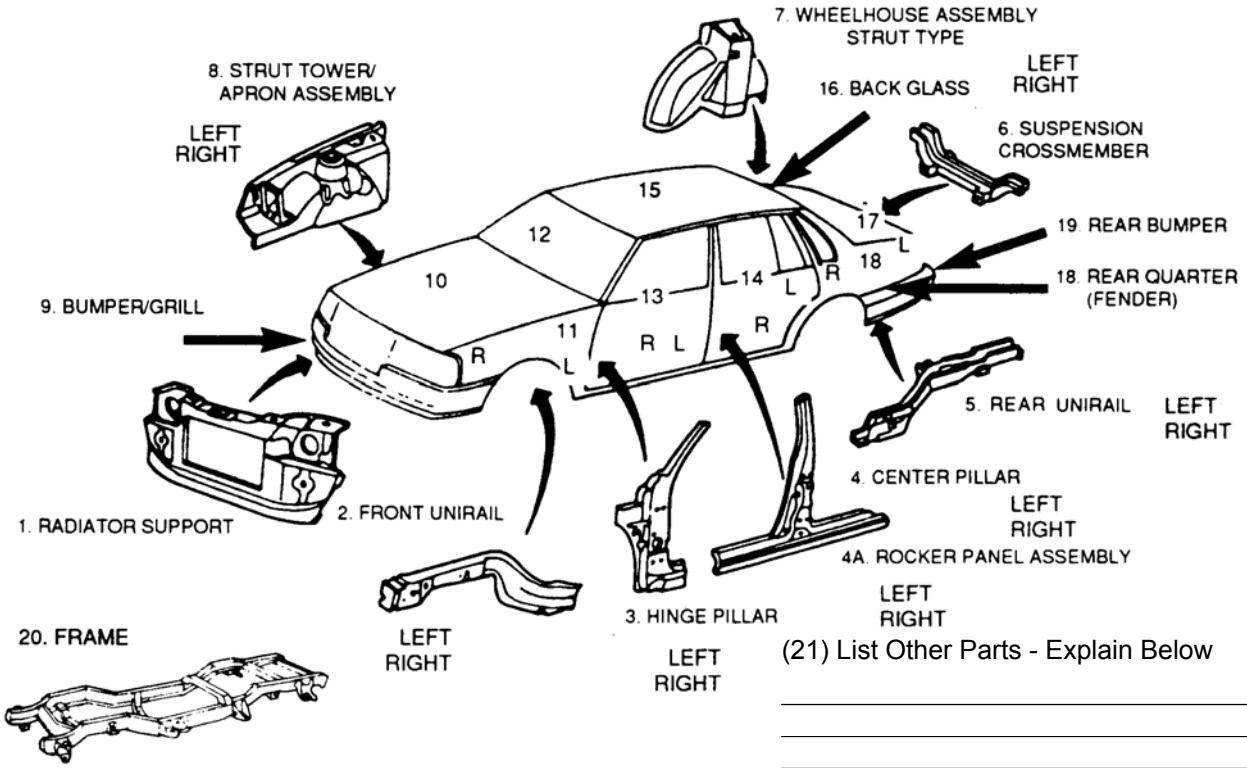
VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE	BODY TYPE	TITLE NUMBER

ACTUAL CASH VALUE (PRE-DAMAGE)	ESTIMATED COST OF REPAIRS	PERCENT OF DAMAGE
$	$	%

DESCRIPTION OF DAMAGE

Circle the number, and where appropriate circle left or right, to indicate damaged areas.



(21) List Other Parts - Explain Below

_____

_____

_____

CERTIFICATION AND SIGNATURES

I hereby certify and acknowledge that the vehicle described above is damaged to such an extent that it is non-repairable, and by so certifying, understand that in accordance with § 46.2-1603.2 and §46.2-1605, Code of Virginia, that the vehicle for which a non-repairable certificate is issued shall never be titled or registered for use on the highways and such vehicle may only be used for parts.

OWNER'S OR CORPORATE OFFICER'S NAME AS AUTHORIZED INDIVIDUAL (print)	TITLE
OWNER'S OR CORPORATE OFFICER'S SIGNATURE AS AUTHORIZED INDIVIDUAL	DATE (mm/dd/yyyy)