

REQUEST FOR REPAIRED OR REBUILT SALVAGE VEHICLE EXAMINATION

COMPANY/INDIVIDUAL NAME		REBUILDERS CERTIFICATE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
ADDRESS WHERE VEHICLE LOCATED IF OTHER THAN ABOVE	CONTACT NAME	TELEPHONE NUMBER ()	

REBUILDER: ALL INFORMATION BELOW MUST BE COMPLETED PRIOR TO EXAMINATION

MAKE	YEAR	MODEL	VIN (VEHICLE IDENTIFICATION NUMBER)
COLOR TOP/BOTTOM	VIRGINIA SALVAGE CERTIFICATE NUMBER	NOTE: \$25.00 FEE IS REQUIRED TO EXAMINE ALL SALVAGE VEHICLES.	

<p>CUSTOMER NOTES:</p> 	<p>DESCRIPTION OF REPAIR CIRCLE NUMBER TO INDICATE REPAIR AREA</p> <p style="text-align: center;">(21) (List Other Parts - Explain)</p>
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REBUILDER: Please check the parts replaced or repaired

REPLACED	REPAIRED	REPLACED	REPAIRED	REPLACED	REPAIRED
<input type="checkbox"/>	<input type="checkbox"/> FRONT BUMPER	<input type="checkbox"/>	<input type="checkbox"/> LEFT REAR DOOR OR SKIN	<input type="checkbox"/>	<input type="checkbox"/> ENGINE
<input type="checkbox"/>	<input type="checkbox"/> GRILL	<input type="checkbox"/>	<input type="checkbox"/> RIGHT REAR DOOR OR SKIN	<input type="checkbox"/>	<input type="checkbox"/> TRANSMISSION
<input type="checkbox"/>	<input type="checkbox"/> HOOD	<input type="checkbox"/>	<input type="checkbox"/> LEFT REAR DOOR/SIDE GLASS	<input type="checkbox"/>	<input type="checkbox"/> FRAME
<input type="checkbox"/>	<input type="checkbox"/> LEFT FENDER	<input type="checkbox"/>	<input type="checkbox"/> RIGHT REAR DOOR/SIDE GLASS	<input type="checkbox"/>	<input type="checkbox"/> FRONT SUSPENSION
<input type="checkbox"/>	<input type="checkbox"/> RIGHT FENDER	<input type="checkbox"/>	<input type="checkbox"/> REAR WINDOW GLASS	<input type="checkbox"/>	<input type="checkbox"/> REAR SUSPENSION
<input type="checkbox"/>	<input type="checkbox"/> RADIATOR SUPPORT	<input type="checkbox"/>	<input type="checkbox"/> LEFT REAR QUARTER PANEL	<input type="checkbox"/>	<input type="checkbox"/> FLOOR PAN
<input type="checkbox"/>	<input type="checkbox"/> LEFT INNER FENDER/APRON	<input type="checkbox"/>	<input type="checkbox"/> RIGHT REAR QUARTER PANEL	<input type="checkbox"/>	<input type="checkbox"/> P/U CAB
<input type="checkbox"/>	<input type="checkbox"/> RIGHT INNER FENDER/APRON	<input type="checkbox"/>	<input type="checkbox"/> DECK LID	<input type="checkbox"/>	<input type="checkbox"/> P/U BED
<input type="checkbox"/>	<input type="checkbox"/> LEFT FRONT DOOR OR SKIN	<input type="checkbox"/>	<input type="checkbox"/> REAR DOOR OR SKIN (S/W OR VAN)	<input type="checkbox"/>	<input type="checkbox"/> BACK CAB PANEL
<input type="checkbox"/>	<input type="checkbox"/> RIGHT FRONT DOOR OR SKIN	<input type="checkbox"/>	<input type="checkbox"/> REAR DOOR GLASS (S/W OR VAN)	<input type="checkbox"/>	<input type="checkbox"/> SEATS
<input type="checkbox"/>	<input type="checkbox"/> WINDSHIELD GLASS	<input type="checkbox"/>	<input type="checkbox"/> REAR BODY PANEL	<input type="checkbox"/>	<input type="checkbox"/> INTERIOR
<input type="checkbox"/>	<input type="checkbox"/> LEFT FRONT DOOR GLASS	<input type="checkbox"/>	<input type="checkbox"/> REAR BUMPER	<input type="checkbox"/>	<input type="checkbox"/> WHEELS/TIRES
<input type="checkbox"/>	<input type="checkbox"/> RIGHT FRONT DOOR GLASS	<input type="checkbox"/>	<input type="checkbox"/> ROOF SKIN OR ASSEMBLY	<input type="checkbox"/>	<input type="checkbox"/> DASH PANEL/PAD
<input type="checkbox"/> OTHER (PLEASE LIST)					

I hereby certify and affirm under penalty of perjury that the facts contained herein are true, accurate, and valid; that I purchased the vehicle and possess a properly assigned Certificate of Title as required in Section 46.2-1604 of the Code of Virginia; that the vehicle has been rebuilt or repaired using those parts so indicated herein; that I have in my possession a title or Bill of Sale for the parts used; that no other replacement of parts were made; and that I have not knowingly made a false statement. (False statements made herein are punishable pursuant to Section 46.2-105 Code of Virginia.)

PRINT NAME OF INDIVIDUAL SUBMITTING THIS FORM	SIGNATURE	DATE
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