



SALVAGE VEHICLE NOTICE OF RETENTION BY OWNER

| | | | | | |
|--|--|--------------------------|--------------|------------------------------------|--------------------------|
| VEHICLE IDENTIFICATION NUMBER | | MOTORCYCLE ENGINE NUMBER | | MAKE | CALIFORNIA LICENSE PLATE |
| Vehicle Owner(s) on Date of Loss | LAST NAME | | FIRST | MIDDLE | |
| | <input type="checkbox"/> AND <input type="checkbox"/> OR | LAST NAME | | FIRST | MIDDLE |
| | ADDRESS | | | | |
| | CITY | | STATE | ZIP CODE | |
| Insurance Company Reporting Retention of this Salvage Vehicle | I, the undersigned, certify that the above described salvage vehicle has been retained by the owner(s) and, as required by California Vehicle Code §11515(b), he/she has been notified that, within 10 days of the settlement of loss date, he/she must surrender the vehicle's Certificate of Title and license plates, and apply for a Salvage Certificate. The vehicle owner(s) has also been notified that the Department of Motor Vehicles' database record for the vehicle will reflect a "Salvaged" notation (brand). | | | | |
| DATE | AUTHORIZED SIGNATURE FOR INSURANCE COMPANY | | PRINTED NAME | | |
| | X | | | | |
| INSURANCE COMPANY NAME | | | | | |
| INSURANCE COMPANY ADDRESS | | | | | |
| DATE OF LOSS | | CLAIM NUMBER | | DAYTIME TELEPHONE NUMBER () | |

MAIL COMPLETED FORM TO: Department of Motor Vehicles, P.O. Box 932345, Sacramento, CA 94232-3450

REG 481 (REV. 8/2003) WWW



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