



ABANDONED VEHICLE APPLICATION FOR SALVAGE CERTIFICATE OR NONREPAIRABLE VEHICLE CERTIFICATE

California Vehicle Code (CVC) §11515.3
(Salvage Pool [CVC §543] or DMV Occupational Licensee Use Only)

SECTION 1 — VEHICLE SUBJECT TO TOTAL LOSS CLAIM (CVC §544)

VEHICLE IDENTIFICATION NUMBER (VIN)										VEHICLE LICENSE PLATE NUMBER					STATE	
REGISTRATION EXPIRATION DATE			MAKE			YEAR/MODEL			DATE OF TOTAL LOSS			TOTAL LOSS OCCURRED AT (CITY, STATE)				

SECTION 2 — INSURANCE COMPANY WHO AUTHORIZED US TO TAKE POSSESSION OF THE VEHICLE

NAME OF INSURANCE COMPANY					NAIC NUMBER			CLAIM NUMBER			
STREET ADDRESS					CITY			STATE		ZIP CODE	
MAILING ADDRESS					CITY			STATE		ZIP CODE	
LOCATION WHERE WE FIRST TOOK POSSESSION OF THE VEHICLE (ADDRESS, CITY, STATE)						VEHICLE IS CURRENTLY ABANDONED ON OUR LOT AT (ADDRESS, CITY, STATE)					

SECTION 3 — NOTIFICATIONS

We mailed notices to the following parties at the following addresses (list all names and all addresses you sent notices). If any notice was returned undeliverable (RU), the "RU" box for the specific notice has been checked. (If additional entries are needed, check this box and attach additional REG 479 forms, and enter the total number of Section 3 pages here: ____). For vehicles registered in another jurisdiction, we contacted the following jurisdiction _____ for the parties' address on record with that jurisdiction.

(NAME OF JURISDICTION NOTIFIED)

NAME					DATE FIRST NOTICE MAILED (RU <input type="checkbox"/>)			DATE SECOND NOTICE MAILED (RU <input type="checkbox"/>)			
STREET ADDRESS					CITY			STATE		ZIP CODE	
ADDITIONAL ADDRESS					CITY			STATE		ZIP CODE	
NAME					DATE FIRST NOTICE MAILED (RU <input type="checkbox"/>)			DATE SECOND NOTICE MAILED (RU <input type="checkbox"/>)			
STREET ADDRESS					CITY			STATE		ZIP CODE	
ADDITIONAL ADDRESS					CITY			STATE		ZIP CODE	
NAME					DATE FIRST NOTICE MAILED (RU <input type="checkbox"/>)			DATE SECOND NOTICE MAILED (RU <input type="checkbox"/>)			
STREET ADDRESS					CITY			STATE		ZIP CODE	
ADDITIONAL ADDRESS					CITY			STATE		ZIP CODE	
NAME					DATE FIRST NOTICE MAILED (RU <input type="checkbox"/>)			DATE SECOND NOTICE MAILED (RU <input type="checkbox"/>)			
STREET ADDRESS					CITY			STATE		ZIP CODE	
ADDITIONAL ADDRESS					CITY			STATE		ZIP CODE	
NAME					DATE FIRST NOTICE MAILED (RU <input type="checkbox"/>)			DATE SECOND NOTICE MAILED (RU <input type="checkbox"/>)			
STREET ADDRESS					CITY			STATE		ZIP CODE	
ADDITIONAL ADDRESS					CITY			STATE		ZIP CODE	



VEHICLE IDENTIFICATION NUMBER (VIN)	VEHICLE LICENSE PLATE NUMBER	STATE
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SECTION 4 — APPLICATION FOR SALVAGE CERTIFICATE (CVC §11515)

PRINTED NAME OF SALVAGE POOL OR OCCUPATIONAL (OCC) LICENSEE OF THE DEPARTMENT	OCC. LICENSE NUMBER	DATE VEHICLE CAME INTO OUR POSSESSION	VEHICLE VALUE \$
ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE

SECTION 5 — APPLICATION FOR NONREPAIRABLE VEHICLE CERTIFICATE (CVC §§431, 11515.2)

PRINTED NAME OF SALVAGE POOL OR OCCUPATIONAL (OCC) LICENSEE OF THE DEPARTMENT	OCC. LICENSE NUMBER	DATE VEHICLE CAME INTO OUR POSSESSION	VEHICLE VALUE \$
ADDRESS	CITY	STATE	ZIP CODE
MAILING ADDRESS	CITY	STATE	ZIP CODE

NOTE: A vehicle declared “nonrepairable” is irreversible and may not be titled or registered for use on the roads or highways of California. Vehicle is: Surgical Strip Burned Hulk Parts/Scrap Metal-No Resale Value

SECTION 6 — CERTIFICATION OF LICENSE PLATE DISPOSITION

When we took possession of the vehicle, the number of plates on or in the vehicle was: Two One None

The license plates assigned to this vehicle were (*check all that apply*):

Destroyed — Number of plates removed by us and destroyed: Two One

Surrendered — Number of plates surrendered to DMV: Two One

Other — Two plates were One plate was (*explain*):

SECTION 7 — CERTIFICATION

The insurance company listed in Section 2: (1) requested us to take possession of the above-described vehicle that was subject to a total loss claim, (2) subsequently did not take ownership of the vehicle, and (3) directed us, by written notice to us, to release the vehicle to the **registered and legal owner or lienholder of the vehicle** (bold text referred to as “parties”).

Upon receiving the notice from the insurance company listed in Section 2, we sent two notices to the parties informing the parties that the vehicle is available for pickup and will be sold or otherwise disposed of if no response is received. The notice we sent informed the parties that the parties have 30 days from the date of mailing of the first notice and 14 days from the date of mailing of the second notice to pick up the vehicle from us before the vehicle is deemed abandoned. The notice we sent also informed the parties of their right to contact us regarding their intent to pick up the vehicle in order to receive an additional 30 days from the date of contact to pick up the vehicle before the vehicle is deemed abandoned.

The notices we sent to the parties were sent by certified mail or another commercially available delivery service providing proof of delivery to the parties’ address on record with the department and any other known address, or for vehicles last registered in another jurisdiction, to the parties’ address on record with that jurisdiction and any other known address. If the parties contacted us regarding their intent to pick up the vehicle within the time periods allowed in CVC §11515.3, we notified the parties of and gave an additional 30 days from the date of contact to pick up the vehicle before the vehicle was deemed abandoned. We currently have and will maintain copies of these notices in our records.

This is a total loss salvage vehicle. We took possession of above-described vehicle in the state of California and the vehicle is currently abandoned on our premises in California. We met all the requirements in CVC §11515.3 and we are requesting a salvage certificate or nonrepairable vehicle certificate be issued to us. We agree to indemnify and save harmless the Director of Motor Vehicles for any loss suffered resulting from the issuance of said salvage certificate or nonrepairable vehicle certificate.

I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

AUTHORIZED AGENT PRINTED NAME (LAST, FIRST, MIDDLE)	TITLE	TELEPHONE NUMBER ()	EMAIL ADDRESS
SIGNATURE (MUST BE COUNTERSIGNED - PRINT NAME OF BUSINESS ENTITY AND “BY” OR “FOR” ALONG WITH SIGNATURE)			DATE

X



PRIVACY NOTICE ON COLLECTION

- DMV collection of personal information is governed by: *CA Information Practices Act*, *Civil Code* §1798 et seq; *Government Code* (GC) §11015.5; *CA Public Records Act* GC §6250 et seq.; *CA Vehicle Code* §1808; *Driver's Privacy Protection Act* (18 *United States Code* §§2721-2725).
- The information collected may be shared with authorized service providers, state, federal, and/or local government agencies, law enforcement, and commercial entities as authorized by law.
- DMV uses this information to determine whether the vehicle is lawfully entitled to be transferred and for the issuance of a Salvage or Nonrepairable Vehicle Certificate.
- All information on this form is mandatory.
- Failure to provide mandatory information may result in rejection of application.
- You have the right to review and request corrections/deletions of DMV maintained records containing your personal information.
- Questions about this form should be directed to DMV's Customer Service at 1-800-777-0133.
- For privacy policy questions or requests contact us at: DMV Chief Privacy Officer, 2415 First Avenue, MS F127, Sacramento, CA 95818 or (916) 657-6340.