



SALVAGE VEHICLE NOTICE OF RETENTION BY OWNER

Inaccurate or incomplete information on this form may result in the information not being updated.

VEHICLE IDENTIFICATION NUMBER		MOTORCYCLE ENGINE NUMBER	MAKE	CALIFORNIA LICENSE PLATE
Vehicle Owner(s) on Date of Loss	LAST NAME		FIRST	MIDDLE
	LAST NAME		FIRST	MIDDLE
	<input type="checkbox"/> AND <input type="checkbox"/> OR			
	ADDRESS			
Insurance Company Reporting Retention of this Salvage Vehicle	CITY		STATE	ZIP CODE
	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 – MS D190, P.O. Box 942890, Sacramento, CA 94290-0001