



Your current **proof of ownership** determines the total fee you must pay:

- A. New York State title/Out-of-state title/Marshal's sale/Police Bill of Sale/Garageman Lien: **\$205.00**
- B. New York State Salvage Certificate (form MV-907A): **\$200.00**
- C. Owner-retained Salvage: **\$200.00**
- D. You received a letter from the Department of Motor Vehicles that indicates your vehicle must go through the salvage examination process (DMV Case # \_\_\_\_\_): **Include the fee indicated in the letter.**

Make your check or money order payable to "Commissioner of Motor Vehicles".

**NOTE: These fees cannot be refunded. The Department of Motor Vehicles does not accept third party or starter checks.**

<b>NAME OF PRIMARY OWNER</b> (Last, First, Middle)		<b>NYS driver license number of PRIMARY</b>		<b>SEX</b>	<b>DATE OF BIRTH</b>
<input type="text"/>		<input type="text"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
<b>NAME OF CO-OWNER</b> (Last, First, Middle)		<b>NYS driver license number of CO-OWNER</b>		<b>SEX</b>	<b>DATE OF BIRTH</b>
<input type="text"/>		<input type="text"/>		M <input type="checkbox"/> F <input type="checkbox"/>	Month <input type="text"/> Day <input type="text"/> Year <input type="text"/>
<b>CONTACT TELEPHONE #</b> (Required)		Is this a corporation or partnership? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Area Code <input type="text"/> ( <input type="text"/> )					
<b>THE ADDRESS WHERE PRIMARY OWNER GETS MAIL</b> (Include Street Number and Name, Rural Delivery or box number. This address will be on the document.)					
<input type="text"/>	Apt. No. <input type="text"/>	City or Town <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	County of Residence <input type="text"/>
<b>THE ADDRESS WHERE PRIMARY OWNER RESIDES IF DIFFERENT FROM THE MAILING ADDRESS.</b> (DO NOT GIVE A P.O. BOX.)					
<input type="text"/>	Apt. No. <input type="text"/>	City or Town <input type="text"/>	State <input type="text"/>	Zip Code <input type="text"/>	

<b>VEHICLE IDENTIFICATION NUMBER</b>												<b>VEHICLE DESCRIPTION</b>	
<input type="text"/>												Year <input type="text"/>	Make <input type="text"/>
<b>Body Type For Cars</b> (mark one)						<b>Body Type For Other Vehicles</b> (mark one)						Color <input type="text"/>	Unladen Weight <input type="text"/>
<input type="checkbox"/> 2-Door <input type="checkbox"/> 4-Door <input type="checkbox"/> Convertible <input type="checkbox"/> Station Wagon or Suburban <input type="checkbox"/> Other <input type="text"/>						<input type="checkbox"/> Pick-up Truck <input type="checkbox"/> Van <input type="checkbox"/> Motorcycle <input type="checkbox"/> Tow Truck <input type="checkbox"/> Trailer <input type="checkbox"/> Other <input type="text"/>							
<b>Type of Power (Fuel)</b>				<b>Cylinders</b>		<b>For trailers &amp; commercial vehicles</b>		<b>For rentals, buses &amp; taxis</b>		<b>For commercial vehicles</b>			
<input type="checkbox"/> Gas <input type="checkbox"/> Diesel <input type="checkbox"/> Electric <input type="checkbox"/> Flex <input type="checkbox"/> CNG <input type="checkbox"/> Propane <input type="checkbox"/> Hybrid <input type="checkbox"/> None				<input type="text"/>		<b>Maximum Gross Weight</b>		<b>Seating Capacity</b>		Axles <input type="text"/>	Distance <input type="text"/>		
<b>Odometer Disclosure/Reading in Miles</b>													
I certify that the odometer reading of <input type="text"/> is <input type="checkbox"/> Actual, <input type="checkbox"/> Not Actual, or <input type="checkbox"/> Exceeds mechanical limits.													

<b>NY DEALER ONLY</b>	Lien Filing Code (Assigned by DMV)	Lienholder Name and Mailing Address
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**EMAIL AND ALTERNATE ADDRESS** (If you want the examination notice sent to another address, **or** by email, please complete the following):

Name (Use Corporate Name, if applicable)		
Address (Number and Street)		Apt. #
City	State	ZIP Code
*Email Address (Please print clearly)	Home Telephone No. ( )	Business Telephone No. ( )

**\*EMAIL NOTIFICATION: If you have provided your email address, the email notice you receive WILL BE THE ONLY NOTIFICATION SENT TO YOU.\***  
**Please save and print that notice as you will NOT receive a letter by regular mail.**

**APPOINTMENT SITES:** I request to have the vehicle examined at the following location:

- |                                       |   |                                   |  |  |
|---------------------------------------|---|-----------------------------------|--|--|
| <input type="checkbox"/> Buffalo      | <input type="checkbox"/> Binghamton**   | <input type="checkbox"/> Utica    | <input type="checkbox"/> Albany        | <input type="checkbox"/> Bronx (serves Westchester & Bronx counties)                       |
| <input type="checkbox"/> Rochester    | <input type="checkbox"/> Highland (serves Ulster/ Putnam/Dutchess/Orange & Rockland Counties) | <input type="checkbox"/> Canton** | <input type="checkbox"/> Plattsburgh** | <input type="checkbox"/> Queens Village (serves New York/Queens/Kings & Richmond counties) |
| <input type="checkbox"/> Horseheads** |   | <input type="checkbox"/> Oxford** |  | <input type="checkbox"/> West Babylon (serves Nassau & Suffolk counties)                   |
| <input type="checkbox"/> Syracuse     |   |                                   |  |  |

**\*\*NOTE:** Only occasional service is offered at this location.

Do you need a permit to drive the vehicle to/from the exam location? (NYS residents only) ☐ Yes ☐ No

If yes, you must include the following:

- current proof of NYS insurance (a copy of form FS-20 or form FS-21)
- NYS Safety/Emissions Inspection report showing "passed"

**If you do not provide the correct forms, fees, and a completed and signed application, DMV must return your application and check or money order to you.**

