



I AM APPLYING FOR: A. Salvage Exam & Title B. Salvage Exam Only C. Salvage Exam Reapplication

Your current proof of ownership determines the total fee you must pay. Make your check or money order payable to "Commissioner of Motor Vehicles".

- A. New York State title/Out-of-state title/Marshall's sale/Police Bill of Sale/Garageman Lien: \$205.00
New York State Salvage Certificate (MV-907A): \$200.00
B. If your vehicle is already registered in NY (Plate Number:) and you were notified it needed an exam: \$155.00
Case number on letter you received:
C. Salvage exam reapplication fee due to a missed appointment: \$150

NOTE: These fees cannot be refunded. No third party or starter checks will be accepted.

Form section for owner information including Name of Primary Owner, NYS driver license number, Sex, Date of Birth, Name of Co-owner, Contact Telephone #, and addresses for mail and residence.

Form section for vehicle information including Vehicle Identification Number, Vehicle Description, Body Type, Type of Power, Cylinders, Maximum Gross Weight, Seating Capacity, and Odometer Disclosure.

Form section for NY Dealer Only information including Lien Filing Code, Lienholder Name and Mailing Address.

EMAIL AND ALTERNATE ADDRESS (If you want the examination notice sent to another address, or by email, please complete the following):

Form section for alternate address and contact information including Name, Address, City, State, ZIP Code, E-mail Address, Home Telephone No., and 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 that the vehicle be examined at the following location:

- Buffalo, Binghamton**, Utica, Albany, Bronx (serves Westchester & Bronx counties)
Rochester, Highland (serves Ulster/ Putnam/Dutchess/Orange & Rockland Counties), Canton**, Plattsburgh**, Queens Village (serves New York/Queens/Kings & Richmond counties)
Horseheads**, Oxford**, West Babylon (serves Nassau & Suffolk counties)
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, please include:
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 a completed application, the proper forms, fees and signatures, your application and check or money order will be returned to you.

TYPE OF SALVAGE (check all boxes that apply to your vehicle):

- Recovered Stolen With No Damage
 Recovered Stolen (with damage)
 Collision Loss
 Flood Damage
 Other/Unknown (explain) _____

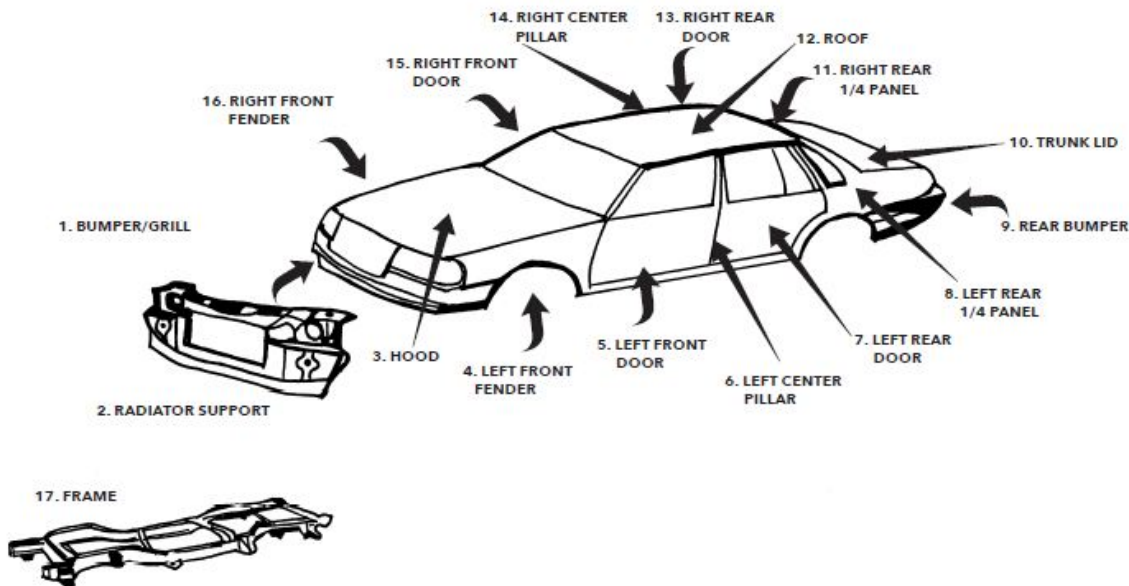
MAJOR BODY PARTS, POWER TRAIN, AND AIRBAGS REPLACED (you must check either Yes or No for each item):

- | | | | | | | | | | | | | | | |
|------------------------------|-----------------------------|---|------------------------------|-----------------------------|-----------------|------------------------------|-----------------------------|---------------|------------------------------|-----------------------------|-------------------------------|------------------------------|-----------------------------|-------------------|
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Vehicle Identification Number Plate Missing, Altered or Defaced | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Right 3/4 Nose | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Rear Clip | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Frame (Repair or Replacement) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Driver Air Bag |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | Left 3/4 Nose | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Nose (Complete) | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Cowls | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Engine | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Passenger Air Bag |
| | | | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Body | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Front Cut Off | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Transmission | <input type="checkbox"/> YES | <input type="checkbox"/> NO | Other Air Bags |

ITEMIZED BODY REPAIR (you must check either Yes or No for each item):

Not required for Bikes, trailers, etc.

- YES NO**
1. Bumper/Grill
 2. Radiator Support
 3. Hood
 4. Left Front Fender
 5. Left Front Door
 6. Left Center Pillar
 7. Left Rear Door
 8. Left Rear 1/4 Panel
 9. Rear Bumper
 10. Trunk Lid
 11. Right Rear 1/4 Panel
 12. Roof
 13. Right Rear Door
 14. Right Center Pillar
 15. Right Front Door
 16. Right Front Fender
 17. Frame



Receipts for Repairs: At the time of examination, you MUST present original receipts and/or ownership documents for items replaced (those noted above under Major Body Parts, Power Train, Airbags and the Itemized Body Repair check list). They must show the stock number and vehicle identification number (VIN) for the replacement item.

CHECKLIST TO AVOID REJECTION OF APPLICATION: (Please make sure all required forms are properly completed and signed)

- | | |
|---|---|
| <input type="checkbox"/> MV-83SAL | <input type="checkbox"/> Original Lien or Lien Release (if applicable) |
| <input type="checkbox"/> Check or Money Order with correct fee | <input type="checkbox"/> Proof of Identity (as listed below): |
| <input type="checkbox"/> Original Proof of Ownership * | Individuals - NY residents: a copy of your current NYS driver license or NYS non-driver ID card. Non-Residents: 6 points of ID (refer to form ID-82). |
| Once approved, original documents cannot be returned. | Corporations - A copy of your Certificate of Incorporation, or a NYS vehicle registration or title in the corporation's name, or a NYS Department of State (DOS) filing receipt, or assumed name (DBA), or a certificate of good standing. |
| <input type="checkbox"/> Original Bill of Sale and/or Dealer Reassignment (if applicable) * | Partnerships - Your Certificate of Partnership or DBA filing receipt from your County Clerk, or Statement of Partnership or Joint Ownership (form MV-83T). |
| <input type="checkbox"/> Proof of Sales Tax Paid (form FS-6T or form MV-50) | |
| *Must have both buyer and seller signatures | |

If you have questions about your application regarding:

- Examination Scheduling, call: (518) 474-0955 Monday - Friday 9:00am - 4:00pm
- Application and Title, call: (518) 473-0399 Tuesday - Thursday 9:00am - 4:00pm

Mail your completed application and fee to:
AUTO THEFT & SALVAGE UNIT
DFI P.O. Box 2105 Empire State Plaza
Albany NY 12220-0105

The Division of Field Investigation will notify you by mail/email of the date, time and address of your appointment. You may postpone your scheduled appointment if you give two business days (48 hours) notice by emailing DFICancel@dmv.ny.gov or calling (518) 474-0955. However, you may reschedule only one time. **If you do not keep a scheduled appointment, your fee will be forfeited** and you must reapply by completing form MV-83SAL and paying a new fee of \$150.00, or pay with a credit card by calling (518) 486-9786.

WARNING: Intentionally making a false statement or providing false or misleading information in connection with this application is a criminal offense that may subject you to criminal prosecution under the law. The examination of subject vehicle by DMV does not constitute any representation concerning the safety of the vehicle. The act of submitting a vehicle for examination by DMV shall constitute a waiver of all claims of liability to DMV and the State of New York respecting the subsequent operation of the vehicle.

CERTIFICATION: I certify that, to the best of my knowledge, the information provided on this form is true and complete.

Primary Owner	Co-Owner
Print Name: _____	Print Name: _____
Signature <input checked="" type="checkbox"/> _____ (Sign Name in Full)	Signature <input checked="" type="checkbox"/> _____ (Sign Name in Full)
Dealer Signature (if applicable) <input checked="" type="checkbox"/> _____	DMV Facility Number (if applicable) _____ Date: _____