

STATE OF RHODE ISLAND

## **DIVISION OF MOTOR VEHICLES**

**ENFORCEMENT OFFICE** 

600 New London Avenue, Cranston, RI 02920-3024

Phone: 401-462-5736 Fax: 401-462-5789 www.dmv.ri.gov

## ALL PAPERWORK MUST BE SUBMITTED WITH LEGIBLE PRINT OR TYPE <u>ALL PAGES MUST BE ONE-SIDED</u> (FRONT ONLY – NO COPIES ON BACK OF PAGES)

WE DO NOT ACCEPT (		

All vehicles presented for salvage inspection must first have passed a RI State Safety & Emissions inspection and must bear a new RI State inspection sticker.

NAME:	TELEPHONE:	EMAIL:	
ADDRESS:		FAX: APPOINTMENTS WILL BE NOTIFIED VIA FAX OR EMAIL	
YEAR: MAKE:			
NAME OF CERTIFIED BUILDER:			
IN ORDER TO PROCESS THIS APPLICATION, YOU MU	JST SUBMIT ITEMS BELOW:	AT THE TIME OF YOUR INSPECTION, YOU MUST SUBMIT ITEMS BELOW:	
<ul> <li>PLEASE <u>DO NOT</u> STAPLE PAPERS TOGETHER</li> <li>Original application completely filled out</li> <li>Copy of salvage title (front and back)</li> <li>Copies of all receipts for new and used parts (vin #s must be listed)</li> <li>Photos of vehicles showing all damage</li> <li>Copy of work repair order</li> <li>Copy of insurance appraisal</li> <li>Original salvage inspection certificate</li> <li>Copy of bill of sale</li> <li>Original completed used parts VIN list</li> <li>Bank check or Money Order (\$57.50 made payable to "DMV")</li> </ul>		<ul> <li>Original receipts for new and used parts</li> <li>Properly assigned salvage title</li> <li>Positive identification required (RI license or ID card)</li> <li>All original paperwork for the copies you submitted for application</li> <li>Vehicle must be completely restored</li> <li>Photo of vehicle <u>BEFORE</u> restoration</li> <li>IF YOU FAIL TO SHOW, CANCEL WITH LESS THAN 24 HOURS NOTICE, OR IF YOU ARE REJECTED AT THE TIME OF INSPECTION, YOU WILL NEED TO REAPPLY AND PAY FOR A NEW APPLICATION (\$57.50)</li> </ul>	
I, the undersigned, do hereby make application for salvage application are true and complete to the best of my know		cribed herein, and do declare under penalty of perjury, that all statements made on this	
PRINTED NAME	SIGNATURE	DATE	
SIGNED AND SWORN TO AND BEFORE ME ON THIS	DAY OF	, 20	
NOTARY SIGNATURE	COMMISSION NUMBER		
o person(s) present, submitting this information, please	e read below and sign.		
hereby certify that the receipts for replaced parts and la elief.	abor and all documents prese	ented for this inspection are true and complete to the best of my knowledge and	
SIGNATURE	ATE		