



**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

APPLICATION FOR SALVAGE INSPECTION

NAME: _____

APPOINTMENT DATE & TIME: _____ at _____ AM PM

ADDRESS: _____ TELEPHONE: () _____

YEAR: _____ MAKE: _____ MODEL: _____ VEHICLE IDENTIFICATION # : _____

WE DO NOT ACCEPT CASH OR PERSONAL OR BUSINESS CHECKS

In order to process this application, you must submit the following paperwork:

At the time of your inspection, you will need to present the following paperwork:
(If any paperwork requested is NOT presented at this time, a new appointment will be necessary, along with another certified check or money order for \$56.50)

- Copies of all receipts for replaced parts and labor (VIN numbers must be listed on all receipts for parts, indicating where parts came from)
- A certified check or money order for \$56.50, made payable to "DMV" made payable to DMV
- A copy of the Salvage Title
- A Certificate of Salvage Repair
- **Vehicle must be repaired by a Rhode Island licensed salvage rebuilder (no exceptions)**

- * Original receipts for replaced parts and labor (VIN numbers must be listed on all receipts for parts, indicating where parts came from)
- * Positive Identification required (R.I. license or ID card)
- * An insurance company appraisal report
- * Repair work order
- * Properly assigned Salvage Title
- * Vehicle must be completely restored
- * Photos of vehicle, BEFORE repair
- Bill of Sale

I, the undersigned, do hereby make application for salvage inspection on the vehicle described herein, and do declare under penalty of perjury, that all statements made on this application are true and complete to the best of my knowledge and belief.

PRINT NAME _____ **SIGNATURE** _____

SIGNED AND SWORN TO AND BEFORE ME ON THIS _____ DAY OF _____, 20 _____.

NOTARY SIGNATURE

To person(s) present, submitting this information, please read below and sign.

I hereby certify that the receipts for replaced parts and labor and all documents presented for this inspection are true and complete to the best of my knowledge and belief.

SIGNATURE

DATE

PLEASE RETURN APPLICATION TO: Division of Motor Vehicles, 600 New London Avenue, Cranston, RI 02920-3024
TO CANCEL APPOINTMENT: Please call 401-462-5736 (we require **24 hours notice**)

OWNER'S NAME: _____

VIN of vehicle being inspected (last 6 digits): _____

PARTS DESCRIPTION / VIN # FOR COMPONENT PART(S) USED

- Air Bag (left) _____
- Air Bag (right) _____
- Air Bag - Side (left) _____
- Air Bag - Side (right) _____
- Assembly (left) [Multipurpose passenger vehicles] _____
- Assembly (right) [Multipurpose passenger vehicles] _____
- Bumper (front) _____
- Bumper (rear) _____
- Dash (including built-in electronics) _____
- Door (front left) _____
- Door (front right) _____
- Door (rear left) _____
- Door (rear right) _____
- Door(s) [at back of vehicle] _____
- Door(s) [both doors, in case of double doors] _____
- Door(s) [decklid, tailgate, hatchback (or whatever is present)] _____
- Door (sliding or cargo door(s)) _____
- Engine _____
- Fender (front left) _____
- Fender (front right) _____
- Hood _____
- Interior (including seats & upholstered items) _____
- Nose Assembly _____
- Pickup box and/or Cargo box (light duty trucks) _____
- Quarter Panel (rear left) [passenger cars] _____
- Quarter Panel (rear right) [passenger cars] _____
- Transmission _____
- Miscellaneous _____