



APPLICATION FOR SALVAGE VEHICLE EXAMINATION

www.dmv.ny.gov

FOR OFFICIAL USE ONLY
File Number
Inspection Information
Inspection Station Facility Number
Certificate of Inspection Number



INSTRUCTIONS

So the Department of Motor Vehicles can process your request for a vehicle examination, you must:

- 1. Send the following forms with this application:
a) ORIGINAL MV-907A, Salvage Certificate or ORIGINAL proofs of ownership;
b) ORIGINAL MV-82TON, Application for Title;
c) ORIGINAL MV-901, Notice of Recorded Lien (if necessary);
d) ORIGINAL MV-50, Retail Certificate of Sale (if applicable);
e) FS-6T, available at any Motor Vehicles office, showing that you paid sales tax.
f) Proof of identity:

Individuals: a photocopy of your NYS Driver License or Non-Driver ID card that is current or expired less than 2 years, or copies of proof of date of birth and 6 points of proof of name, as listed on DMV form ID-82 (Proofs of Identity for Registration and Title).

Corporations: a certified copy of your Certificate of Incorporation, or a NYS vehicle registration or title in the same corporate name, or a NYS Department of State filing receipt with DBA, or a certificate of good standing, subsisting, or foreign bid issued by NYS DOS.

Partnerships: your Certificate of Partnership, or DBA filing receipt from your County Clerk, or Statement of Partnership or Joint Ownership (MV-83T).

If you need a five-day Temporary Motor Vehicle Transport Permit to legally drive your vehicle to the exam, YOU MUST submit the following with your application:

- g) Proof of NYS Safety Inspection (have the inspector write the inspection information in the box above);
h) Proof of NYS Insurance coverage (the original FS-20 or FS-21 - not a copy), which will be returned to you along with your Temporary Permit.
2. Enclose a check or money order for \$200 (\$150 for the examination, plus \$50 for the title processing fee). If anything other than an MV-907A is submitted as proof of ownership, an additional \$5 fee is required. Make the check payable to "Commissioner of Motor Vehicles." Write the vehicle year, make and complete Vehicle Identification Number and your Facility Number (if applicable) on the check or money order. This fee cannot be refunded. No third-party checks or starter checks will be accepted.
3. Mail the application and supporting documents to: Auto Theft & Salvage, DFI, PO Box 2105 - Empire State Plaza, Albany, New York 12220-0105. If you do not provide the proper forms, fees and signatures, your application and check or money order will be returned to you.

OWNER INFORMATION [] DEALER [] INDIVIDUAL [] VEHICLE REBUILDER [] DISMANTLER

Owner's Name (Use Corporate Name, if applicable)
Home Telephone No. Business Telephone No. E-mail Address
Owner's Address (Number and Street) Apt. #
City State ZIP Code
Owner's Legal Address (if different) Apt. #
City State ZIP Code

ALTERNATE ADDRESS (If you want the examination notice sent to another address, please complete the following):

Name (Use Corporate Name, if applicable)
Home Telephone No. Business Telephone No. E-mail Address
Address (Number and Street) Apt. #
City State ZIP Code

APPOINTMENT SITES:

I request that the vehicle be examined at the following location (indicate first, second and third choice):

- Buffalo Syracuse Utica Albany Elmsford (serves Putnam/Westchester/Rockland & Bronx counties)
Rochester Binghamton* Canton* Plattsburgh* Queens Village (serves New York/Queens/Kings & Richmond counties)
Horseheads* Highland Norwich* West Babylon (serves Nassau & Suffolk counties)

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

PAGE 2 OF THIS FORM MUST BE COMPLETED AND SIGNED





VEHICLE INFORMATION

Vehicle Identification Number	Year	Make	Model	Color
Vehicle Body Type (check all applicable boxes):				
<input type="checkbox"/> 2 Door	<input type="checkbox"/> Passenger	<input type="checkbox"/> Trailer	<input type="checkbox"/> Stretch Limousine	<input type="checkbox"/> Suburban
<input type="checkbox"/> 4 Door	<input type="checkbox"/> Motorcycle	<input type="checkbox"/> Tractor	<input type="checkbox"/> Hatchback	<input type="checkbox"/> Pickup
<input type="checkbox"/> Other _____				

ODOMETER DISCLOSURE STATEMENT:

Federal and state laws require that you state the mileage of the vehicle described above when transferring ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I certify that, to the best of my knowledge, the odometer reading is _____ miles, and that this reading reflects the actual mileage of the vehicle described, or that (check if applicable): (no tenths)

- I certify that, to the best of my knowledge, the above disclosed odometer reading "EXCEEDS MECHANICAL LIMITS."
- I certify that, to the best of my knowledge, the above disclosed odometer reading is "NOT THE ACTUAL MILEAGE."

WARNING: ODOMETER DISCREPANCY."

If any major component part has been replaced, you **MUST** present sales receipts at the time of the vehicle examination. The receipts must show the stock number and the vehicle identification number of any replacement parts used for the vehicle.

MAJOR COMPONENT PART OR PARTS REPLACED (check all boxes that apply to your vehicle):

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> Left 3/4 Nose | <input type="checkbox"/> Rear Clip | <input type="checkbox"/> Vehicle Identification Number Plate Missing, Altered or Defaced | <input type="checkbox"/> Driver Air Bag |
| <input type="checkbox"/> Right 3/4 Nose | <input type="checkbox"/> Cowl | <input type="checkbox"/> Engine | <input type="checkbox"/> Passenger Air Bag |
| <input type="checkbox"/> Nose (Complete) | <input type="checkbox"/> Front Cut Off | <input type="checkbox"/> Transmission | <input type="checkbox"/> Other Air Bags |
| <input type="checkbox"/> Body | <input type="checkbox"/> Frame (Repair or Replacement) | | |

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

- Recovered Stolen With No Damage _____
- Recovered Stolen (indicate damage) _____
- Collision Loss (indicate damage) _____
- Flood Damage (indicate damage) _____
- Other (give details) _____

The Division of Field Investigation will notify you by mail of the date, time and address of your appointment. If you are unable to keep a scheduled appointment, please call the Field Investigation Scheduling Unit at (518) 486-6560 at least **two business days (48 hours)** before your scheduled appointment. You can also cancel by sending an e-mail to DFICancel@dmv.ny.gov. **If you don't keep a scheduled appointment, your fee will be forfeited.** The owner must then apply for another examination by completing a new MV-899 and paying a new fee of \$150.

FAILURE TO COMPLETE THE ABOVE SECTION ACCURATELY AND TRUTHFULLY, OR TO SIGN BELOW, WILL DELAY AND MAY PRECLUDE THE ISSUANCE OF A TITLE FOR THIS VEHICLE.

CERTIFICATION:

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

Print Name: _____ DMV Facility Number (if applicable) _____

Signature: _____ Date _____

(Sign Name in Full)

