DMV Now .com
www.dmvNow.com
Virginia Department of Motor Vehicles
Post Office Box 27412
Richmond, Virginia 23269-0001

NONREPAIRABLE CERTIFICATE APPLICATION

Purpose: Customers use this form to apply for a no-fee nonrepairable certificate. Any vehicle that has been determined by its insurer or owner, to have no value except for use as parts and scrap metal or for which a nonrepairable certificate has been issued or applied for.

Instructions: Return the completed form with the vehicle title and/or other authorized documents to the Vehicle Branding Work Center at the above address.

INDIVIDUAL OWNER INFORMATION (if applicable)

OWNER FULL LEGAL NAME (last)	(first)	(mi)	(suffix)
CO-OWNER FULL LEGAL NAME (last)	(first)	(mi)	(suffix)

ADDRESS	CITY	STATE	ZIP CODE

TELEPHONE NUMBER	OWNER SSN OR VA DRIVER LICENSE NUMBER	CO-OWNER SSN OR VA DRIVER LICENSE NUMBER

INSURANCE COMPANY INFORMATION (if applicable)

INSURANCE COMPANY NAME

ADDRESS	CITY	STATE	ZIP CODE

TELEPHONE NUMBER	FEDERAL ID NUMBER

INSURANCE COMPANY CODE NUMBER	INSURANCE COMPANY CLAIM NUMBER	CLAIM PAYMENT DATE (mm/dd/yyyy)

VEHICLE INFORMATION

VEHICLE IDENTIFICATION NUMBER (VIN)	YEAR	MAKE	BODY TYPE	TITLE NUMBER

CERTIFICATION

I hereby certify and acknowledge that the vehicle described above is damaged to such an extent that it is nonrepairable, and by so certifying, I understand that in accordance with Virginia Code § 46.2-1603.2 and § 46.2-1605, that the vehicle for which a nonrepairable certificate is issued SHALL NEVER BE TITLED OR REGISTERED FOR USE ON THE HIGHWAYS AND SUCH VEHICLE MAY ONLY BE USED FOR PARTS.

I further certify and affirm that all information presented in this form is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.

OWNER OR CORPORATE OFFICER AUTHORIZED INDIVIDUAL NAME (print)	TITLE
OWNER OR CORPORATE OFFICER AUTHORIZED INDIVIDUAL SIGNATURE	DATE (mm/dd/yyyy)
CO-OWNER NAME (if applicable) (print)	CO-OWNER SIGANTURE (if applicable) (print)	DATE (mm/dd/yyyy)

LOG NUMBER

TITLE NUMBER