



South Carolina Department of Motor Vehicles

Request for Salvage (Total Loss) Title

TR-3
(Rev. 10/05)

Complete this form and mail it to the Department of Motor Vehicles (DMV) address listed below, or deliver it to a DMV field office, along with the original title and title application.

South Carolina Department of Motor Vehicles
Attention: Title Mail-In Unit
Post Office Box 1498
Blythewood, SC 29016-0024

The vehicle listed below has been obtained by _____

in settling a total loss claim:

Make	Vehicle Identification Number (VIN)
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Owner

I am the owner of the above mentioned vehicle and this is a request for the Department of Motor Vehicles to issue a salvage title for the vehicle listed above. A \$15.00 fee is required for each salvage title issued.

Signature of Owner

Date

Authorized Requestor

I am acting on behalf of the owner of the above mentioned vehicle and this is a request for the Department of Motor Vehicles to issue a salvage title for the vehicle listed above. A \$15.00 fee is required for each salvage title issued.

Under Penalties of perjury, I certify that I am authorized to obtain this title on behalf of the above named insurance company.

Signature of Authorized Requestor

Date

Print name

Company Name or Organization