|  |  |  |
| --- | --- | --- |
|  | Replacement parts invoices attached Y\_\_\_\_N\_\_\_\_ |  |
|  | Damaged 75% or more of the Fair Market Value Y\_\_\_\_N\_\_\_\_ |  |
| Owner |       |
| Address |       |
| City  |       | State |       | Zip Code |       |
| Public Vin No. Dash/Door |       |
| Firewall Vin No. |       |
| Engine No. Trans. No. |       |
| Federal Safety Sticker No. |       |
| Other |       |
| Year  |       | Make |       | Model |       | Color |       |
| License Plate No.  |       | State  |       | Year |       |
| Odometer Mileage |       |
|  | (no tenths) |
| REPLACED/REPAIRED PARTS  | SAFETY EQUIPMENT |
| ( ) Right Fender  | ( ) Rear End | ( ) Brakes |
| ( ) Left Fender  | ( ) Floor Pan | ( ) Lights |
| ( ) Hood  | ( ) Engine | ( ) Horn |
| ( ) Bumper ( )F ( )R  | ( ) Transmission | ( ) Steering |
| ( ) Grille  | ( ) Frame | ( ) Wipers |
| ( ) Roof  | ( ) Frame Section | ( ) Signals |
| ( ) Right Rear Quarter  | ( ) P/U Cab | ( ) Tires |
| ( ) Left Rear Quarter  | ( ) P/U Bed | ( ) Exhaust |
| ( ) Doors  | ( ) Glass | ( ) Glass |
| ( ) Airbags | ( ) Airbags | ( ) Airbags |
| Remarks |       |
|  |
| Driver’s Name |       | D.L.#  |       | State |       |
| **I have inspected the above listed vehicle and, to the best of my knowledge and belief, the VIN is correct.** |
|  |  |
| DMV Agent Signature | Date |