

NOTIFICATION OF
SCRAPPED VEHICLE BY RECYCLER



SECRETARY OF STATE
BUREAU OF MOTOR VEHICLES
DIVISION OF ENFORCEMENT, ANTI-THEFT, AND
REGULATIONS

Title Surrender Requirements:

If an owner transfers a vehicle for which a certificate of salvage has not been issued to a salvage dealer, scrap metal processor, or recycler licensed by the Secretary of State, the vehicle is deemed declared by the owner to be a salvage vehicle, and the licensee shall apply for a certificate of salvage for the vehicle in accordance with 29-A M.R.S.A subsection 654, unless the vehicle's certificate of title is surrendered to the Secretary of State within 30 days.

Exemption: For vehicles model year 1995, 1996, 1997, 1998, or 1999 a title is not required if the vehicle is acquired to be scrapped (for the purpose of this law scrap means to compress, shred, or destroy). A vehicle acquired under this section cannot be used for parts.

Instructions: This form must be used to notify the Secretary of State that a salvage vehicle which was acquired under the model year 1995-1999 exemption has been scrapped or destroyed. The destruction of the vehicle must be reported to the Secretary of State within 30 days. This form is only needed when a title or certificate of salvage is not submitted.

Identification: A valid driver's license or non-driver identification card, United States Passport, or Military Identification should be noted on this form and copied.

DATE VEHICLE ACQUIRED _____

COMPANY OR INDIVIDUAL PERSON

Name: _____
Address: _____
License Number: _____ State: _____

Company Stamp (Optional)

SELLER INFORMATION

Name: _____ Date of Birth: _____ ID Number: _____ ID State: _____
Address: _____ City/Town: _____ State: _____ Zip Code: _____
Phone Number: _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____
Vehicle Identification Number:

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SIGNATURE

I, the undersigned, certify that the information provided on this form is true and accurate. Further, I attest that the vehicle listed above was acquired to be scrapped or destroyed.

Name (Printed): _____ Signature: _____
Date: _____

A person who uses a false or fictitious name or address, makes a material false statement, or conceals any other fact is guilty of a Class D crime.

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