

ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION - TITLE SECTION
P. O. Box 327640, Montgomery, AL 36132-7640

**Report of Total Loss Settlement, Scrapped, Dismantled, or
Destroyed Vehicle and Application For Salvage Certificate of Title**

NOTE: Fee of \$15.00 For a Salvage Certificate of Title Must Accompany This Application.

TITLE NUMBER

*APPLICANT SHALL DISCLOSE
 ___ Actual Mileage
 ___ Exceeds Mechanical Limits
 ___ Warning — Odometer Discrepancy

VEHICLE INFORMATION	VEHICLE IDENTIFICATION NUMBER				TRANS. CODE 10	YEAR MODEL	MAKE	MODEL	BODY TYPE	PREVIOUS ALABAMA TITLE NO.
	CYLS	NEW	USED	DEMO	DATE OF PURCHASE	NO. LIENS	COLOR	ODOMETER READING *		DEPARTMENT USE ONLY

OWNER INFORMATION	NAME	FELONY OFFENSE FOR FALSE ADDRESS		DEPARTMENT USE ONLY
	MAILING ADDRESS			
	CITY	STATE	ZIP	
	ALABAMA RESIDENT ADDRESS IF DIFFERENT FROM ABOVE:			
	NAME			
	ADDRESS	COUNTY		
	CITY	STATE	ZIP	

LIENHOLDER INFORMATION	FIRST LIENHOLDER			DEPARTMENT USE ONLY
	NAME			
	ADDRESS	LIEN DATE		
	CITY	STATE	ZIP	
FELONY OFFENSE FOR FAILURE TO NAME LIENHOLDER WITH INTENT TO DEFRAUD				

OWNER(S) AUTHORIZATION FOR SPECIAL MAILING	LOCATOR NO.
I, WE, HEREBY AUTHORIZE MY SALVAGE CERTIFICATE OF TITLE TO BE MAILED TO (IF NO LIENS LISTED HEREON):	REJECT TO: REASONS:
NAME	EXAMINER NO. ENCL:
ADDRESS	
CITY STATE ZIP	

A

Section 1 of Act No. 406 passed by the 1995 regular session of the Alabama Legislature known as The Alabama Uniform Certificate of Title and Antitheft Act states in part:
 Each owner of a motor vehicle and each person mentioned as owner in the last certificate of title who scraps, dismantles, destroys or changes the motor vehicle in such a manner that it is not the same motor vehicle described in the certificate of origin or certificate of title, shall as soon as practicable cause the certificate of origin or certificate of title, if any, and any other documents or information required by the department to be mailed or delivered to the department for processing.

In compliance with the above the undersigned does hereby submit this form certifying that the motor vehicle described above was on _____ the _____ day of _____, _____.

WRECKED RECOVERED THEFT
 SCRAPPED DISMANTLED OR

DESTROYED THIS VEHICLE IS SOLD FOR PARTS ONLY Title No. _____ issued by the State of _____ is attached hereto.

I, THE UNDERSIGNED, CERTIFY THAT THE VEHICLE DESCRIBED ABOVE IS OWNED BY ME AND I HEREBY MAKE APPLICATION FOR A SALVAGE CERTIFICATE OF TITLE FOR SAID MOTOR VEHICLE AND THIS VEHICLE WILL NOT BE THE SUBJECT OF LIEN PRIOR TO RECEIPT OF TITLE UNLESS INDICATED ABOVE. I FURTHER CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

OWNER'S _____ DATE _____

SIGNATURE(S) _____
 (PERSONALLY SIGNED BY EACH OWNER (IN INK) OR AUTHORIZED REPRESENTATIVE OF FIRM)

B

NAME AND ADDRESS OF INSURANCE CO. AND ADJUSTING CO. (IF ANY)	
NAME OF COMPANY	NAME OF COMPANY
STREET ADDRESS	STREET ADDRESS
CITY STATE ZIP	CITY STATE ZIP
ADJUSTER'S NAME (TYPE OR PRINT)	ADJUSTER'S NAME (TYPE OR PRINT)
TELEPHONE NUMBER	TELEPHONE NUMBER
INSURANCE COMPANY CLAIM OR POLICY NUMBER	<input type="checkbox"/> CHECK HERE IF VEHICLE IS A RECOVERED THEFT <input type="checkbox"/> CHECK HERE IF VEHICLE IS SOLD FOR PARTS ONLY
I, THE UNDERSIGNED, CERTIFY THAT ALL INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND THAT	
<input type="checkbox"/> THE VEHICLE DESCRIBED ABOVE WAS DECLARED A TOTAL LOSS, COMPENSATION PAID THE OWNER BY THE ABOVE NAMED INSURANCE COMPANY AND SAID INSURANCE COMPANY HEREBY MAKES APPLICATION FOR A SALVAGE CERTIFICATE OF TITLE. THE OUTSTANDING CERTIFICATE OF TITLE, PROPERLY ASSIGNED, IS ATTACHED HERETO.	
<input type="checkbox"/> THE OWNER WISHES TO RETAIN THE SALVAGE ON MENTIONED VEHICLE.	DATE VEHICLE DECLARED A TOTAL LOSS: _____
DATE _____	INSURANCE COMPANY'S REPRESENTATIVE SIGNATURE _____ (PERSONALLY SIGNED (IN INK) BY AUTHORIZED REPRESENTATIVE OF FIRM)

Instructions – MVT 41-1

1. Individual completing MVT 41-1 must verify Vehicle Identification Number (V.I.N.) and other vehicle information using information obtained from the outstanding certificate of title and the vehicle being reported as salvage. If a discrepancy in the V.I.N. is found the current titled owner must obtain a corrected certificate of title prior to the submission of the MVT 41-1.

2. Owner information area must be completed using the name of the individual or company that is obtaining the salvage certificate of title. Individuals should be listed last name first. The owner's resident address must be listed if the address is different from the mailing address. **Note: A Post Office Box is not considered a resident address.**

3. Lienholder information should be completed only when there is an outstanding lien on the vehicle. If a lien recorded on the outstanding certificate of title has been satisfied, a lien release must be provided, unless released on the certificate of title in the space provided.

4. Owner's authorization for special mailing section may be completed only when there are no outstanding liens on the vehicle.

5. When the owner (individual or company) making application for a salvage certificate of title is either uninsured or self-insured, **SECTION A of the MVT 41-1 must be completed and signed by the applicant.** Applicant must disclose whether the vehicle was Wrecked, Scrapped, Recovered Theft, Dismantled, Destroyed, Or Sold For Parts Only. **Note: Vehicles which are disclosed as Destroyed or Sold For Parts Only cannot be rebuilt and no subsequent certificate of title will be issued for the vehicle.**

6. When an insurance company has declared the vehicle to be a total loss, and paid compensation to the owner, **SECTION B must be completed and signed by an authorized representative of the insurance company.** The authorized representative must disclose whether the insurance company is making application for a salvage certificate of title, or the owner is retaining the salvage on the vehicle, **by marking the appropriate block in SECTION B and completing the OWNER INFORMATION accordingly.**

7. Outstanding certificate of title for the vehicle must be provided with the MVT 41-1. If the vehicle is being transferred to an insurance company as a result of a total loss the titled owner must properly assign the vehicle to the insurance company.

8. **For assistance in completing this form, please call Title Inquiry at (334) 242-9102 between the hours of 8:00 A.M. and 5:00 P.M. Monday thru Friday.**