



**STATE OF VERMONT
AGENCY OF TRANSPORTATION
DEPARTMENT OF MOTOR VEHICLES
120 State Street
Montpelier, VT 05603-0001**



**REBUILT/SALVAGE TITLE APPLICATION
REQUIRED FOR ALL VEHICLES 10 YEARS OLD OR NEWER**

Index # _____

Please Read Instructions on the Next Page Before Completing Form

Name of Title Applicant				Co-Owner's Name			
Mailing Address (Street, Rd, Box)				Mailing Address (Street, Rd, Box)			
City/Town		State		Zip		City/Town	
						State	
						Zip	
Owner/Co-owner Relationship: <input type="checkbox"/> Tenants By the Entirety <input type="checkbox"/> Joint Tenants <input type="checkbox"/> Tenants in Common <input type="checkbox"/> Partners							
Make	Model	Year				Body Style	Vehicle Identification Number
		Y	Y	Y	Y		
Empty Weight	# Axles	Fuel Type		# Cylinders	Titled State	<input type="checkbox"/> Salvage S	<input type="checkbox"/> Rebuilt R
Odometer Reading (no tenths)		<input type="checkbox"/> miles <input type="checkbox"/> kilometers <input type="checkbox"/> hours		The mileage shown is: <input type="checkbox"/> actual mileage <input type="checkbox"/> A - mileage exceeds mechanical limits		Warning Odometer Discrepancy <input type="checkbox"/> B - Not actual mileage	
Public VIN Plate (MUST check one) <input type="checkbox"/> Attached <input type="checkbox"/> Removed <input type="checkbox"/> Altered							
Describe damage and List Damaged Components:					Check reason: <input type="checkbox"/> Flood Damage <input type="checkbox"/> Collision/other		

Name and Address of Lienholder for above Owner (If none, so state)

Date of Lien	2nd Lienholder <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes give details on back)
Vehicle Acquired From (Name and Address)	Date Acquired:

ONE OF THE FOLLOWINGS MUST BE CHECKED:

Vehicle Will Be: Crushed Dismantled Used for Parts Only Sold at Auction as Salvage
 Rebuilt for Use on Public Roads Other - Explain:

I hereby certify that the information contained herein is true and correct. This declaration is made under penalties of 23 V.S.A. § 202.

Signature of Owner _____ Date _____ Signature of Co-Owner _____ Date _____

FOR DEPT. USE ONLY

#: **EXPRD**

Type: **TITLE 03**

Exp: **MISC 10**

R #: **TOTAL**

INSTRUCTIONS

1. **ENTER ALL INFORMATION REQUESTED.** (Year must be 4 digit - e.g.: 1901)
2. Body Style - e.g.: 2d, 4d, Pk, etc.
3. If the Public Vin Plate has been removed, submit a completed Application for Assignment of Vehicle Identification Number form (TA-VT-03) with this application. A VIN must be assigned before this vehicle can be titled.
4. Weight and # Axles - these fields are required for trucks only. If applicable, enter unladen (empty) weight in the Weight field.
5. Meter Reading - Is required on all applications for Title. All readings are to be recorded in whole numbers categorized as miles, kilometers or clock hours.

Exception: A signed statement by the person applying for a Rebuilt/Salvage Title, indicating the vehicle is not so equipped is acceptable provided the statement references year, make and vehicle identification number.

6. If the vehicle is to be titled in two names, you must specify owner/co-owner relationship. Relationships are:
 - a. **Tenants By the Entirety** - This indicates that the owners are husband and wife **or** parties to a civil union and upon death of one of the owners of the vehicle, the survivor would have rights to the vehicle.
 - b. **Joint Tenants** - Upon death of one of the owners of the vehicle the survivor would have rights to the vehicle regardless of their relationship.
 - c. **Tenants in Common** - Upon death of one of the owners of the vehicle the survivor would **not** have rights to the vehicle regardless of their relationship.
 - d. **Partners** - This indicates that the owners are in a business relationship and upon death of one of the owners of the vehicle the survivor would have rights to the vehicle.
7. Proof of Ownership - the previous Certificate of Title, properly assigned, must be submitted with this application.
8. Application must be signed and dated by the owner (s) or authorized agent.
9. **The fee for a Rebuilt/Salvage Title is \$10.00. For each lienholder, there is \$5.00 fee.** (Make check payable to Department of Motor Vehicles in U.S. Funds only.)
10. **A SALVAGE TITLE WILL NOT BE ISSUED TO ANY VEHICLE WHOSE MODEL YEAR IS 10 MORE THAN YEARS OLD.**
11. Rebuilt title will be issued to owners on front of title only.

Enter Second Lienholder Information below, if applicable:

Name: _____

Address: _____

Date of Lien: _____

If extra space is needed for explanation of disposition of vehicle use space below: _____

Please review your application to determine that all information is entered and all required supporting documents are attached. Incomplete applications will be returned to you. To avoid this delay, review this form before mailing to the department. **NOTE: the salvage title will be issued in the name of the applicant only. The name of the previous owner will not be recorded on the salvage title.**