

West Virginia Department of Transportation
Division of Motor Vehicles
Certificate of Cosmetic Total Loss



1-800-642-9066
www.dmv.wv.gov

Name _____ Daytime Phone (____) _____

Address _____
STREET ADDRESS CITY STATE ZIP

Vehicle Information

Make _____ Year VIN No.

Style of Body _____ Weight _____ or _____ Odometer Reading _____
PASSENGER VEHICLE TRUCKS GVW

Insurance Company Declaration & Certification

The above vehicle has been declared to be a total loss, but the damage is exclusively cosmetic and no repair is necessary in order to legally and safely operate the motor vehicle on hte roads and highways of this state.

I hereby certify under penalty of fines and/or imprisonment, that the statements made herein are correct to the best of my knowledge and belief.

Name of Insurance Company _____

(X) _____ / / _____
SIGNATURE OF INSURANCE COMPANY REPRESENTATIVE (NO COPIES OR STAMPS) DATE

Indicate Damage:

****This form must be accompanied by the owner's title and the required \$22.50 fee.***

ANY ALTERATIONS OR ERASURES WILL VOID THIS FORM.

West Virginia Department of Transportation Division of Motor Vehicles Certificate of Inspection



1-800-642-9066
www.dmv.wv.gov

THIS FORM MUST BE COMPLETED BY A WEST VIRGINIA INSPECTOR

- 1.) This certificate must be completed in its entirety by the **INSPECTOR**. Any erasures or alterations will **void** this certificate.
- 2.) All vehicles must be **completely** inspected and a new West Virginia Inspection Sticker must be affixed even though a current West Virginia Inspection Sticker is on the vehicle.
- 3.) The inspector must write **"RECONSTRUCTED"** on the log sheet in the block marked **repairs**.

Inspected Vehicle Information

VIN No. State of Title
Title Number Odometer Reading

NEW Sticker Information

Sticker Number Sticker Year

Inspection Station Information

Inspection Station Name _____ Station Number _____
Station Address _____
STREET ADDRESS
CITY COUNTY STATE ZIP CODE

Inspector Certification

The vehicle described below has been physically inspected and found to meet all requirement of West Virginia Inspection Laws. It is certified by the undersigned as road worthy on the date indicated.

PRINTED NAME OF INSPECTOR

(X) _____
SIGNATURE OF INSPECTOR

_____/_____/_____
DATE



RECONSTRUCTED VEHICLE EXAMINATION

DMV-SV-3 REVISED 9/15

Owner's Information	
OWNER(S) NAME(S)	WD CERTIFICATE NUMBER
<input type="checkbox"/> PRIVATE REBUILDER <input type="checkbox"/> OWNER RETENTION	
STREET ADDRESS / CITY / STATE / ZIP	
DMV INSPECTION LOCATION	TELEPHONE NUMBER

Vehicle Information			
BODY STYLE <input type="checkbox"/> AUTO/CAR <input type="checkbox"/> 2 DOOR <input type="checkbox"/> 3 DOOR <input type="checkbox"/> 4 DOOR <input type="checkbox"/> 5 DOOR <input type="checkbox"/> TRUCK <input type="checkbox"/> PICK-UP <input type="checkbox"/> TRACTOR TRAILER <input type="checkbox"/> SUV <input type="checkbox"/> MOTORCYCLE <input type="checkbox"/> OTHER _____ <input type="checkbox"/> CAMPER _____ <input type="checkbox"/> TRAILER _____		MAKE	MODEL
VIN (VEHICLE IDENTIFICATION NUMBER) _____		COLOR TOP	COLOR BOTTOM
PREVIOUS OWNER(S) NAME(S)		STREET ADDRESS / CITY / STATE / ZIP	
DATE VEHICLE PURCHASED	AMOUNT PAID	SAFETY INSPECTION NUMBER	EXPIRATION DATE
	\$		

Statement of Parts Replaced	
MAJOR COMPONENTS REPLACED (CHECK ALL THAT APPLY AND LIST ORIGINAL VIN)	
<input type="checkbox"/> FRONT CLIP ASSEMBLY AND VIN NUMBER OF REPLACEMENT PART: _____	PARTS REPLACED OR REPAIRED (CHECK ALL APPLICABLE PARTS) <input type="checkbox"/> FRONT BUMPER <input type="checkbox"/> SIDE GLASS-L <input type="checkbox"/> REAR BUMPER <input type="checkbox"/> GRILL ASSEMBLY <input type="checkbox"/> SIDE GLASS-R <input type="checkbox"/> FRAME <input type="checkbox"/> HOOD <input type="checkbox"/> REAR GLASS <input type="checkbox"/> SUSPENSION <input type="checkbox"/> FENDER-L <input type="checkbox"/> AIR BAGS <input type="checkbox"/> SEATS <input type="checkbox"/> FENDER-R <input type="checkbox"/> LIGHTS <input type="checkbox"/> RADIO/TAPE/CD <input type="checkbox"/> DOOR FRONT-L <input type="checkbox"/> ROOF PANEL <input type="checkbox"/> BATTERY <input type="checkbox"/> DOOR FRONT-R <input type="checkbox"/> QTR. PANEL-L <input type="checkbox"/> DASH PANEL <input type="checkbox"/> DOOR REAR-L <input type="checkbox"/> QTR. PANEL-R <input type="checkbox"/> FLOOD DAMAGE <input type="checkbox"/> DOOR REAR-R <input type="checkbox"/> DECK LID <input type="checkbox"/> HAIL DAMAGE <input type="checkbox"/> WINDSHIELD <input type="checkbox"/> REAR DOOR S/W <input type="checkbox"/> OTHER _____ <input type="checkbox"/> OTHER _____
<input type="checkbox"/> MOTOR/ENGINE AND VIN NUMBER OF REPLACEMENT PART: _____	
<input type="checkbox"/> TRANSMISSION AND VIN NUMBER OF REPLACEMENT PART: _____	
<input type="checkbox"/> REAR CLIP ASSEMBLY AND VIN NUMBER OF REPLACEMENT PART: _____	
<input type="checkbox"/> DOORS (2 OR MORE) AND VIN NUMBER OF REPLACEMENT PART: _____	

Statement of Fact

I certify that the facts contained herein are true, accurate and valid: that I purchased the vehicle & possess a properly assigned salvage certificate; that the vehicle has been rebuilt & repaired using the parts indicated herein; that I have in my possession a title, or bill of sale for the parts used; that no other replacement of component parts were made; and that I have not knowingly made any false statement within this document.

PRINTED NAME OF OWNER	SIGNATURE	DATE
	(X)	

DMV USE ONLY BELOW THIS LINE - Verification by DMV Inspector

This is to certify that as an inspector for the Division of Motor Vehicles, I have physically examined the above-described vehicle and supporting documents and verify the following information:

- 1.) THE PUBLIC VEHICLE IDENTIFICATION NUMBER DOES DOES NOT APPEAR TO BE ALTERED OR CHANGED.
- 2.) THE SUPPORTING DOCUMENTATION DOES DOES NOT APPEAR TO BE IN ORDER.
- 3.) THE VEHICLE IS IS NOT APPROVED FOR ISSUANCE OF CERTIFICATE OF TITLE.
- 4.) THE VEHICLE SHOULD BE TITLED AS RECONSTRUCTED OTHER _____.

PRINTED NAME OF INSPECTOR	SIGNATURE	DATE
	(X)	

DISTRIBUTION: (WHITE) SUBMITTED WITH TITLE (CANARY) RETAINED BY WD/REBUILDER (PINK) INSPECTOR

ANY ALTERATIONS OR ERASURES WILL VOID THIS DOCUMENT.