STATE OF RHODE ISLAND
DIVISION OF MOTOR VEHICLES
ENFORCEMENT OFFICE
600 New London Avenue, Cranston, RI 02920-3024
Phone: 401-462-5736 Fax: 401-462-5789 www.dmv.ri.gov

APPLICATION FOR SALVAGE INSPECTION

WE DO NOT ACCEPT CASH, PERSONAL OR BUSINESS CHECKS

All vehicles presented for salvage inspection must first have passed a RI State Safety & Emissions inspection and must bear a new RI State inspection sticker.

ALL PAPERWORK MUST BE SUBMITTED WITH LEGIBLE PRINT OR TYPE

ALL PAGES MUST BE ONE-SIDED (FRONT ONLY – NO COPIES ON BACK OF PAGES)

NAME: _____ TELEPHONE: _____ EMAIL: _____

ADDRESS: _____ FAX: _____
APPOINTMENTS WILL BE NOTIFIED VIA FAX OR EMAIL

YEAR: _____ MAKE: _____ MODEL: _____ VIN #: _____

NAME OF CERTIFIED BUILDER: _____

IN ORDER TO PROCESS THIS APPLICATION, YOU MUST SUBMIT ITEMS BELOW:

- PLEASE **DO NOT** STAPLE PAPERS TOGETHER
- Original application completely filled out
- Copy of salvage title (front and back)
- Copies of all receipts for new and used parts (vin #s must be listed)
- Photos of vehicles showing all damage
- Copy of work repair order
- Copy of insurance appraisal
- Original salvage inspection certificate
- Copy of bill of sale
- Original completed used parts VIN list
- Bank check or Money Order (**$58.50** made payable to "DMV")

AT THE TIME OF YOUR INSPECTION, YOU MUST SUBMIT ITEMS BELOW:

- Original receipts for new and used parts
- Properly assigned salvage title
- Positive identification required (RI license or ID card)
- All original paperwork for the copies you submitted for application
- Vehicle must be completely restored
- Photo of vehicle BEFORE restoration

IF YOU FAIL TO SHOW, CANCEL WITH LESS THAN 24 HOURS NOTICE, OR IF YOU ARE REJECTED AT THE TIME OF INSPECTION, YOU WILL NEED TO REAPPLY AND PAY FOR A NEW APPLICATION ($58.50)

I, the undersigned, do hereby make application for salvage inspection on the vehicle described herein, and do declare under penalty of perjury, that all statements made on this application are true and complete to the best of my knowledge and belief.

_____ _____ _____
PRINTED NAME **SIGNATURE** **DATE**

SIGNED AND SWORN TO AND BEFORE ME ON THIS _____ DAY OF _____, 20_____.

_____ _____
NOTARY SIGNATURE **COMMISSION NUMBER**

To person(s) present, submitting this information, please read below and sign.

I hereby certify that the receipts for replaced parts and labor and all documents presented for this inspection are true and complete to the best of my knowledge and belief.

_____ _____
SIGNATURE **DATE**

PLEASE RETURN APPLICATION TO: **Division of Motor Vehicles, Enforcement Office, 600 New London Avenue, Cranston, RI 02920-3024**