

# Salvage Vehicle Affidavit & Title Application For Use Under W.S. 31-2-107(o)

County Clerk's Use Only

Prior Owner's  
Sales Tax Paid? \_\_\_\_\_

*This affidavit is to be used only when an insurance company is unable to obtain a properly endorsed certificate of title within thirty (30) days of payment of damages in a claim settlement involving transfer of a salvage vehicle to the insurance company. The insurance company, an occupational licensee of the department authorized by the insurance company or a salvage pool authorized by the insurance company may request the county clerk issue a certificate of title branded salvage in the insurance company's name only. This form shall only be filed with the Office of the County Clerk where the current title is issued.*

## OWNER, APPLICANT & VEHICLE INFORMATION

Current Title # \_\_\_\_\_ List All Owner Names as They Appear on the Current Title \_\_\_\_\_

Name of Applicant for Salvage Title \_\_\_\_\_

Address of Applicant \_\_\_\_\_ City, State Zip \_\_\_\_\_

Year _____	Manufacturer _____	VIN _____	Body Style _____	Date transferred to Insurance Company _____
				Will be Used As Purchase Date _____

Federal and State Law Require You to State the Mileage Upon Transfer of Ownership of a Motor Vehicle. Failure to Complete or Providing a False Statement May Result in Fines and/or Imprisonment.

I (print name) \_\_\_\_\_ hereby state the odometer now reads \_\_\_\_\_ (no tenths) miles and to the best of my knowledge if reflects the actual mileage of the vehicle described herein unless one of the following is checked.

The amount of mileage in excess of its mechanical limits, or  The odometer reading is NOT the actual mileage. WARNING: ODOMETER DISCREPANCY.

## LIEN INFORMATION

*The following are all known security interests, liens or encumbrances (use additional forms to disclose additional liens).*

Name & Address of Lienholder (address, city, state, zip) \_\_\_\_\_

\$ _____	Date of Lien Filing _____	Place of Lien Filing (County/State) _____
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## REQUIRED ATTACHMENTS

*Please initial each indicating attachment to this form*

- If I am an occupational licensee or salvage pool I have attached a power of attorney from the insurance company authorizing this transaction.
- I have attached the title fee required by W.S. 31-3-102(a)(vii).
- I have attached evidence of payment of the claim to the owner(s) required by W.S. 31-2-107(o).
- I have attached evidence of at least two (2) written attempts to obtain the properly endorsed certificate of title at the last known address of the owner of the vehicle required by W.S. 31-2-107(o). Please include copies of the correspondence and mailing envelopes.
- I understand that I may be required to produce additional information to satisfy the County Clerk where I am applying.

## SIGNATURE AND NOTARY

**I HEREBY SWEAR OR AFFIRM UNDER PENALTY OF PERJURY** that all information on this application is true and correct and that I am lawfully applying for a Wyoming Certificate of Title and that I am authorized to apply on behalf of the applicant herein. I further warrant that said vehicle is owned by the applicant and is subject to the liens shown and none other. Any false information may cancel the title and void any associated registration.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Printed Name & Title

\_\_\_\_\_  
Date

Before me, \_\_\_\_\_ a notary public, personally appeared \_\_\_\_\_

\_\_\_\_\_ in the State of \_\_\_\_\_

\_\_\_\_\_, County of \_\_\_\_\_ and that he/she/they being first duly sworn by me upon oath, did say that the facts alleged in the foregoing instrument are true and correct.

WITNESS MY HAND AND OFFICIAL SEAL this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(seal)

\_\_\_\_\_  
Notary Public Signature

\_\_\_\_\_  
My commission expires \_\_\_\_\_