

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



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

Owner Information

Name _____ Daytime Phone () - _____

Address _____
STREET ADDRESS CITY STATE ZIP

Vehicle Information

Make _____ Year VIN No.

Style of Body _____

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 the 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 _____

Signature of Representative (X) _____ Date / / /
MUST BE AN ORIGINAL SIGNATURE

Indicate Damage Below:

*** This form must be accompanied by the owner's title and the required \$10.00 fee.**

ANY ALTERATIONS OR ERASURES WILL VOID THIS FORM.