SV-5
6/00

WEST VIRGINIA DEPARTMENT OF TRANSPORTATION

DIVISION OF MOTOR VEHICLES

1800 Kanawha Boulevard East • Building Three
Charleston, West Virginia 25317-0010

COSMETIC TOTAL LOSS CERTIFICATION

(This application must be submitted with the owner's title)
Cosmetic Total Loss Title Fee $10.00

NAME OF VEHICLE OWNER: _____

ADDRESS: _____
Street City State Zip County

VEHICLE DESCRIPTION

MAKE: _____ **YEAR:** _____ **V.I.N.:** _____

STYLE OF BODY: _____

The above vehicle has been declared to be a total loss and 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: _____ **DATE:** _____
This form must be signed (Original Signature)

Indicate Damage:

_____
_____
_____
_____
_____
_____
_____
_____

ANY ERASURES OR ALTERATIONS WILL VOID THIS DOCUMENT.