DMV-SV-3
Rev. 07/05

STATE OF WEST VIRGINIA
DIVISION OF MOTOR VEHICLES
RECONSTRUCTED VEHICLE EXAMINATION

REBUILDER'S INFORMATION		
Company/Individual Name	WD Certificate Number (if applicable)	
Address	City/State/ZIP	
Address where vehicle is inspected (if other than above)	Telephone Number	

VEHICLE INFORMATION				
Make	Model	Year	Body Style _____Auto _____Truck	
Type ___ 2 Door ___ 3 Door ___ 4 Door ___ 5 Door ___ Pickup ___ Tractor trailer ___ Other _____			Color Top/Bottom	
VIN (Vehicle Identification Number)		Odometer Reading		
Previous Owner	Address	City/State/Zip		
Date Vehicle Purchased	Amount Paid $	Safety Inspection Number	Exp. Date	

STATEMENT OF PARTS REPLACED

MAJOR COMPONENT PARTS REPLACED: Check all applicable parts and list original Vehicle Identification Number (VIN)

_____ Front Clip Assembly
VIN:

_____ Engine
VIN:

_____ Transmission
VIN:

_____Rear Clip Assembly
VIN:

_____ Doors (2 or more)
VIN:

PARTS REPLACED OR REPAIRED:
Check all applicable parts

_____ Front Bumper
_____ Grill Assembly
_____ Hood
_____ Fender-L
_____ Fender-R
_____ Door Front-L
_____ Door Front-R
_____ Door Rear-L
_____ Door Rear-R
_____ Windshield
_____ Side Glass-L
_____ Side Glass-R
_____ Rear Glass
_____ Air Bags
_____ Roof Panel
_____ Qtr. Panel-L
_____ Qtr. Panel-R
_____ Deck Lid
_____ Rear Door S/W
_____ Rear Bumper
_____ Frame
_____ Suspension
_____ Seats
_____ Radio/Tape
_____ Battery
_____ Dash Panel
_____ Other _____

STATEMENT OF FACT

I CERTIFY THAT THE FACTS CONTAINED HEREIN ARE TRUE, ACCURATE, & VALID; THAT I PURCHASED THE VEHICLE & POSSESS A PROPERLY ASSIGNED SALVAGE CERTIFICATE; THAT THE VEHICLE HAS BEEN REBUILT & REPAIRED USING THOSE 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 A FALSE STATEMENT.

Print Name of Rebuilder	Signature	Date

DMV USE ONLY

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.

The Public Vehicle Identification Number ____ Does _____ Does Not appear to be altered or changed

Supporting documentation in Order _____ yes _____ No Approved _____ yes _____ No Type of Title _____ Other _____ Reconstructed

Print Name of Inspector	Signature	Date

DISTRIBUTION: Orig. (white) submitted with application #2 (canary) retained by WD/Rebuilder #3 (pink) Inspector