

NOTIFICATION OF
SCRAPPED VEHICLE BY RECYCLER



SECRETARY OF STATE
BUREAU OF MOTOR VEHICLES
DIVISION OF TITLE SERVICES

Title Surrender Requirements:

If an owner transfers a vehicle for which a certificate of salvage has not been issued to a salvage dealer, scrap metal processor, or recycler licensed by the Secretary of State, the vehicle is deemed declared by the owner to be a salvage vehicle, and the licensee shall apply for a certificate of salvage for the vehicle in accordance with 29-A M.R.S.A subsection 654, unless the vehicle's certificate of title is surrendered to the Secretary of State within 30 days.

Exemption: For vehicles that are at least 20 years old according to the model year a title is not required if the vehicle is acquired to be scrapped (for the purpose of this law scrap means to compress, shred, or destroy). A vehicle acquired under this section cannot be used for parts.

Instructions: This form must be used to notify the Secretary of State that a salvage vehicle which was acquired under the 20 model years old exemption has been scrapped or destroyed. The destruction of the vehicle must be reported to the Secretary of State within 30 days. This form is only needed when a title or certificate of salvage is not submitted.

Identification: A valid driver's license or non-driver identification card, United States Passport, or Military Identification should be noted on this form and copied.

DATE VEHICLE ACQUIRED _____

COMPANY OR INDIVIDUAL PERSON

Name: _____
Address: _____
License Number: _____ State: _____

Company Stamp (Optional)

SELLER INFORMATION

Name: _____ Date of Birth: _____ ID Number: _____ ID State: _____
Address: _____ City/Town: _____ State: _____ Zip Code: _____
Phone Number: _____

VEHICLE INFORMATION

Year: _____ Make: _____ Model: _____
Vehicle Identification Number:

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SIGNATURE

I, the undersigned, certify that the information provided on this form is true and accurate. Further, I attest that the vehicle listed above was acquired to be scrapped or destroyed.

Name (Printed): _____ Signature: _____
Date: _____

A person who uses a false or fictitious name or address, makes a material false statement, or conceals any other fact is guilty of a Class D crime.

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