

Office Use Only

1003 Buckskin Drive, Deer Lodge MT 59722-2375
Phone (406) 444-3661 Fax (406) 846-6039
<u>mvdtitleinfo@mt.gov</u>

*** Notice *** This form should only be completed if the owner retains the salvage vehicle.

Notice to insurance company:

If a salvage vehicle, regardless of the vehicle's age, remains with the owner, the insurer must notify the Department of Justice of the settlement on this form. Upon receipt of this form, the department may require the owner to surrender the certificate of ownership.

For further information regarding total-loss payoff owner-retained salvage vehicles, consult the Title Manual: <u>https://doj.mt.gov/driving/forms/</u>

Instructions to insurance company:

- 1. After the claim is settled, complete this form.
- 2. Submit this completed form to the Title and Registration Bureau at the address shown above.

Vehicle Identification Number				
Year Make	Model	Body Sty	vle Colo	r
Title No	License Plate	No	State of Iss	suance
Name of Legal Owner Address				
City			State	Zip
Name of Insurance Company				
Address				
City			State	Zip
Policy Number		Claim Number		
Date of Loss		Business Phone		
Signature of Authorized Agent				
Printed Name of Authorized Agent				
Date Form Completed				