



Vehicle Services Bureau

Notice of Total-Loss Payoff "Owner-Retained Salvage Vehicle"

Office Use Only

P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431

Phone (406) 444-3661

Fax (406) 444-0116

• mvdtitleinfo@mt.gov

*** 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:

<https://doj.mt.gov/driving/forms/>

Instructions to insurance company:

1. After the claim is settled, complete this form.
2. Submit this completed form to the Vehicle Services Bureau at the address shown above.

Vehicle Identification Number

Year _____ Make _____ Model _____ Body Style _____ Color _____

Title No. _____ License Plate No. _____ State of Issuance _____

Check this box if the vehicle has sustained Hail Damage Only

Name of Legal Owner _____

Address _____

City

State

Zip

Email Address _____ Phone Number _____

Name of Insurance Company _____

Address _____

City

State

Zip

Policy Number _____ Claim Number _____

Date of Loss _____ Business Phone _____

Under penalty of law (MCA 45-7-203), I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so.

Signature of Authorized Agent _____

Printed Name of Authorized Agent _____

Date Form Completed _____