



Wyoming Department of Transportation
Motor Vehicle Services
5300 Bishop Blvd.
Cheyenne, Wyoming 82009-3340
Phone (307) 777-4709

APPLICATION FOR REBUILT SALVAGE VEHICLE DECAL

I HEREBY CERTIFY that I am the owner of the vehicle described herein:

Make Year Body Style Vehicle Identification Number

Name(s) of Applicant (s)

Mailing Address City State Zip Code

Name of Person or Business that Repaired or Rebuilt the Vehicle

Mailing Address City State Zip Code

Identify the vehicle's damage prior to being repaired: _____

Applicant must attach a copy of the original certificate of title branded "Salvage".

I declare that the information contained in this application is complete and accurate and, to the best of my knowledge, no stolen parts were used during the rebuilding of this vehicle.

Signature of Applicant Daytime Phone No. Date

ANY PERSON CONVICTED OF MAKING A FALSE STATEMENT IN AN APPLICATION IS GUILTY OF A FELONY AND IS SUBJECT TO A FINE AND IMPRISONMENT.

DEPARTMENT USE ONLY:

Decal # _____ Issued by: _____ Date: _____