

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

APPLICATION FOR REBUILT SALVAGE VEHICLE DECAL

31-2-108

* These areas must be completed to be processed.

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) as appears on the Wyoming Salvage Title**

*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 _____
(Must be completed to be processed)

****Applicant must attach a copy of the Wyoming Certificate of Title branded "Salvage" to this application. ****

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: _____

MV-600 (10/11)