



STATE OF RHODE ISLAND  
DIVISION OF MOTOR VEHICLES  
RESEARCH/TITLE OFFICE  
600 New London Avenue  
Cranston, RI 02904-3024

Phone: (401) 462-5774  
Fax: (401) 462-5783  
www.dmv.ri.gov

## AFFIDAVIT FOR SALVAGE TITLE IN LIEU OF CERTIFICATE OF TITLE

### A. Requirements and Instructions

This form is only to be used by Insurers or by Rhode Island Dealers, the primary business of which is the sale of salvage motor vehicles on behalf of insurance companies, applying for a Salvage Title to certify that a valid Certificate of Title for the vehicle acquired by the applicant is not available due to circumstances as detailed in R.I.G.L. Section 31-46-1. The Registrar may refuse to accept an incomplete filing. **Do not use this form if you have the vehicle's Certificate of Title.**

Mail this form, along with a completed *Application for Title (TR-2 / TR-9)* and any supporting documents, to the address at the top of the form. Attach originals of 2 written attempts sent by certified mail to contact the vehicle's former owner and any known lienholder (originals required). Fee: \$52.50.

### B. Applicant Information

Name (name of insurance company or dealer): \_\_\_\_\_

Mailing Address Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Applicant's Authorized Representative: \_\_\_\_\_

Is Applicant an Insurance Company? (check one)  Yes  No      Is Applicant a Dealer? (check one)  Yes  No

If a dealer, check salvage vehicle classification:  Class A  Class B

### C. Vehicle Information

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ VIN #: \_\_\_\_\_

Former Vehicle Owner's First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Address Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### D. Certification and Signature

1. Insurance Company Applicant Only: I am authorized to sign this document on behalf of the applicant insurer identified above and I certify and affirm that all information presented in this form is true and correct and that any documents I/we have provided with this application are genuine and that the information contained therein is also true and accurate. I certify and affirm that: (i) I have provided documentary evidence indicating the company has paid a total-loss claim to the former owner of the vehicle; (ii) the company has satisfied any existing lienholder; (iii) the company has not been able to obtain the Certificate of Title from the former owner; and (iv) I have provided legible copies of two (2) written attempts, sent by certified mail, the company has made to contact the vehicle's former owner at the owner's last known address, based on the company's records.

**I understand that I am making this certification and affirmation under the penalty of perjury and that knowingly making a false representation on this form is punishable by law.**

Signature of Authorized Agent of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

2. Dealer Applicant Only: I am authorized to sign this document on behalf of the dealer applicant identified above and I certify and affirm that all information presented in this form is true and correct and that any documents I/we have provided with this application are genuine and that the information contained therein is also true and accurate. I certify and affirm that: (i) I have provided documentary evidence that an insurer requested the applicant to take possession of the above described vehicle as part of an insurance claim; (ii) a total-loss claim was not subsequently paid on the vehicle; (iii) the vehicle has been abandoned on the dealer's property for more than 30 days; (iv) I/we provided legible copies of two (2) written attempts, sent by certified mail, to contact the last known owner of the vehicle at his/her last known address and any known lienholder, to have the vehicle removed from the facility; and (v) I/we do not have the former owner's Certificate of Title. **I understand that I am making this certification and affirmation under the penalty of perjury and that knowingly making a false representation on this form is punishable by law.**

Signature of Authorized Agent of the Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Position: \_\_\_\_\_

SECTION 1. Section 31-46-1 of the General Laws in Chapter 31-46 entitled "Rhode Island Salvage Law" is hereby amended to read as follows:

**31-46-1. Duty of insurance company.**

(a) Any insurance company taking possession of a motor vehicle for which a certificate of title has been issued in this state, that has been declared a total loss because of damage to that vehicle, in settlement of a claim for damage or theft shall within ten (10) days deliver to the division of motor vehicles the certificate of title of that vehicle and obtain a salvage certificate of title for that vehicle as prescribed for by the administrator of the division of motor vehicles. If the insurance company is unable to obtain the certificate of title of the vehicle for more than thirty (30) days after payment of the total loss claim on the vehicle, the insurance company or its agent may apply for and obtain, free and clear of all liens and claims of ownership, a salvage certificate of title in the insurance company's name without delivering the certificate of title to the division of motor vehicles. Such application shall be accompanied by evidence that the insurance company has paid a total loss claim on the vehicle and has attempted to obtain the certificate of title by sending at least two (2) written attempts, sent by certified mail or by another commercially available delivery service providing proof of delivery and addressed to the last known owner of the vehicle and any known lienholders, at the address shown on the records of the appropriate registry, in the state in which the vehicle is registered.

(b) If:

(1) A motor vehicle dealer, the primary business of which is the sale of salvage motor vehicles on behalf of insurance companies, is asked by an insurance company to take possession of a motor vehicle for which a certificate of title has been issued in this state;

(2) The motor vehicle is the subject of an insurance claim; and

(3) Subsequently a total loss claim is not paid by the insurance company with respect to such motor vehicle, the motor vehicle dealer may, if such motor vehicle has been abandoned at the facility of the motor vehicle dealer for more than thirty (30) days, apply for and obtain, free and clear of all liens and claims of ownership, a salvage certificate of title in such dealer's name without surrendering the certificate of title to the division of motor vehicles. Such application shall be accompanied by evidence that the motor vehicle dealer made at least two (2) written attempts, sent by certified mail or by another commercially available delivery service providing proof of delivery and addressed to the last known owner of the vehicle and any known lienholders, at the address shown on the records of the appropriate registry, in the state in which the vehicle is registered, to have the vehicle removed from the motor vehicle dealer's facility. In such application, the motor vehicle dealer shall also classify the vehicle as Classification A or Classification B, as such classifications are described in § 31-46-1.1.