



 * **NON-REPAIRABLE VEHICLE** *
 * **NOTICE OF RETENTION BY OWNER** *

VEHICLE IDENTIFICATION NUMBER	MOTORCYCLE ENGINE NUMBER	MAKE	CALIFORNIA LICENSE PLATE
Vehicle Owner(s) as of the Date of Loss	LAST NAME	FIRST	MIDDLE
	<input type="checkbox"/> AND <input type="checkbox"/> OR	LAST NAME	FIRST
	ADDRESS		
	CITY	STATE	ZIP CODE
	Insurance Company Reporting Retention of this Non-Repairable Vehicle I, the undersigned, certify that the above described non-repairable vehicle has been retained by the owner(s) and, as required by <i>California Vehicle Code</i> §11515.2, he/she has been notified that, within 10 days of the settlement of loss date, he/she must surrender the vehicle's Certificate of Title and license plates, and apply for a Non-Repairable Vehicle Certificate. The vehicle owner(s) has also been notified that the Department of Motor Vehicles' database record for the vehicle will reflect a "Non-Repairable Vehicle" notation (brand).		
DATE	AUTHORIZED SIGNATURE FOR INSURANCE COMPANY X	PRINTED NAME	
INSURANCE COMPANY NAME			
INSURANCE COMPANY ADDRESS			
DATE OF LOSS	CLAIM NUMBER	DAYTIME TELEPHONE NUMBER ()	

MAIL COMPLETED FORM TO: Department of Motor Vehicles, P.O. Box 932345, Sacramento, CA 94232-3450

REG 480 (REV. 11/2003) WWW



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