



INSURANCE COMPANY AFFIDAVIT WITHOUT ENDORSED TITLE NRS 487.800

Please include a check or money order for the **\$10.00** Salvage Title fee, for the Salvage Title. There is **NO** fee for a Non-Repairable Vehicle Certificate. Complete only when endorsed title has not been received within 30 days after settlement. This form **must** be submitted with a completed Application for Salvage Title or Non-Repairable Vehicle Certificate (VP-213), a completed VIN Inspection form (VP-15), and proof of mailings.

First mailing must be minimum of 30 days after settlement date.

Please type or print in blue or black ink

Vehicle Identification Number

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Year _____ Make _____ Model _____

Insurance Company or Salvage Pool Name _____ Claim # _____

NV Business License Number _____ Telephone _____

Mailing Address _____
Address City State Zip Code

The settlement for the vehicle listed below was completed on _____
Date

Owner(s) did not supply certificate of title within 30 days of settlement. Attached is proof of the two attempts to contact the owner(s), the application for salvage title or non-repairable vehicle certificate and the vehicle inspection certificate.

Registered Owner _____
First Middle Last

Mailing Address _____
Address City State Zip Code

The first mailing was sent on _____
Date

The second mailing was sent on _____
Date

Lienholder _____
Name (if no lienholder write "none")

Mailing Address _____
Address City State Zip Code

The first mailing was sent on _____
Date

The second mailing was sent on _____
Date

I hereby certify and affirm that all provisions of **NRS 487.800** have been complied with and make this affidavit for the purpose of satisfying the Nevada Department of Motor Vehicles that a Salvage Title or Non-Repairable Certificate for the described vehicle should be issued in the name of the insurance company or salvage pool listed above upon the facts stated herein. I also hereby release, discharge, and agree to hold harm-less the Nevada Department of Motor Vehicles of and from any and all liability to anyone whomsoever which may arise by reason of any contest of the validity of this vehicle transfer. I declare under penalty of perjury that the foregoing is true and correct.

Authorized Representative Printed Name _____

Authorized Representative Signature _____ Date _____

**Signatures must be originals. Photocopies are not acceptable.
 Alterations or Erasure VOIDS this Document**