



APPLICATION FOR CERTIFICATE OF AUTHORIZATION AS A SALVOR

For Department Use Only
 Bureau of Motor Vehicles • P.O. Box 68584 • Harrisburg, PA 17106-9584

Application for authorization as a salvor may be made in conjunction with application for registration as a Miscellaneous Motor Vehicle Business (MMVB) in the vehicle salvage class or repair or towing business. If you currently hold this classification, please indicate name and identification number of business.

Name _____ I.D. Name _____

A NAME AND ADDRESS OF BUSINESS - Exactly as registration is to be issued.

Business Name		Business ID#	
Street Address (Principal Place of Business)			
City	County	State	Zip Code
Business Phone Number		Home Phone Number of President or Controlling Partner	

B TYPE OF BUSINESS - Check (✓) One	THIS LOCATION IS - Check (✓) One
<input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	<input type="checkbox"/> Owned <input type="checkbox"/> Leased

C LIST ALL OWNER(S), PARTNERS OR CORPORATE OFFICERS OF BUSINESS

1.	Full Name	Title	PA DL/Photo ID#	Date of Birth
	Street Address	City	State	Zip Code
2.	Full Name	Title	PA DL/Photo ID#	Date of Birth
	Street Address	City	State	Zip Code
3.	Full Name	Title	PA DL/Photo ID#	Date of Birth
	Street Address	City	State	Zip Code
4.	Full Name	Title	PA DL/Photo ID#	Date of Birth
	Street Address	City	State	Zip Code

D BUSINESS DESCRIPTION - Indicate the nature of your business that qualifies your business for the type of registration for which you are making application.

E ADDITIONAL INFORMATION

1. Have all owners, partners and officers read and understood Chapter 253 (Salvors)? YES NO

2. Do you own or rent adequate storage facilities (minimum 5,000 square feet) for storing abandoned vehicles? .. YES NO

3. Does this storage facility meet all local land use and zoning requirements? YES NO

4. Do you own or rent suitable equipment for towing abandoned vehicles? YES NO

List: _____

F	NOTARIZATION			
I (We) certify under penalty of law that the information contained herein is true and correct.				
Authorized Signature		Date		
Printed Name of Authorized Signer		Title		
Authorized Signature		Date		
Printed Name of Authorized Signer		Title		
Authorized Signature		Date		
Printed Name of Authorized Signer		Title		
<p>WARNING: Misstatement of fact is a misdemeanor of the third degree punishable by a fine of up to \$2,500 and/or imprisonment up to 1 year [18 Pa.C.S. Section 4904(b)] in addition to any sanction imposed by this department.</p> <p>NOTE: When business is discontinued, your salvor registration must be returned to the department within 5 days. If the business is moved to another location, the department must be notified within 10 days of the change.</p>				

SUBSCRIBED AND SWORN TO BEFORE ME:	MO.	DAY	YEAR
SIGNATURE OF PERSON ADMINISTERING OATH			
S	DO NOT NOTARIZE UNLESS SIGNED IN PRESENCE OF NOTARY		
T			
A			
M			
P			

INSTRUCTIONS FOR COMPLETING FORM MV-951

1. All information must be typed or printed in full. List name of business exactly as Salvor Authorization is to be issued. Address must have physical street address. Post Office Box may be used in addition to street address. Include business phone and home phone numbers. The license issued will be valid only at the business listed on this application.
2. Check appropriate box for type of business and if location is owned or leased and attach copy of the deed or lease.
3. List all owners, partners or corporate officers and do not forget to include their titles. Individuals should list their PA Driver's License number in the space provided. Additional sheets may be used if necessary.
4. Answer each question and provide all information requested.
5. Sign, date and have notarized in Section F.

DOCUMENTS THAT MUST ACCOMPANY THIS FORM

1. The bond prescribed by Title 75, Section 7303, on the form of the department (Form MV-375).
2. At least three photographs which clearly show the possession of towing equipment and the 5,000 square feet of required space for the storage of abandoned vehicles.

Mail all completed forms to: Commonwealth of Pennsylvania, Department of Transportation, Bureau of Motor Vehicles, P.O. Box 68594, Harrisburg, PA 17106-8594.