



Affidavit In Lieu of Certificate of Title for Salvage Vehicle

Registry of Motor Vehicles
P.O. Box 55885 • Boston, MA • 02205-5889

A. Requirements and Instructions

This form is only to be used by Insurers or by Class 2 or Class 3 Massachusetts Dealers applying for a Salvage Title (or Certificate of Title if vehicle is 10 or more years old) to certify that a valid Certificate of Title for the vehicle acquired by the applicant is not available due to circumstances as detailed in M.G.L. Chapter 90D, Section 20(e)(1) or Section 20(e)(2). 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 *Registration and Title Application* and any supporting documents, to the address at the top of the form. Attach copies of 2 written attempts sent by certified mail to contact the vehicle's former owner and any known lienholder.

B. Applicant Information

Name (name of insurance company or dealer)

Mailing Address

| | | | |
|---------------|------|---------|----------|
| Street | City | State | Zip Code |
| Email Address | | Phone # | |

Applicant's Authorized Representative

| | | | | | |
|--|--|------------------------------------|--|---------------------------|---|
| Is Applicant an Insurance Company? (check one) | <input type="checkbox"/> Yes <input type="checkbox"/> No | Is Applicant a Dealer? (check one) | <input type="checkbox"/> Yes <input type="checkbox"/> No | If a dealer, check class. | <input type="checkbox"/> Class 2 <input type="checkbox"/> Class 3 |
|--|--|------------------------------------|--|---------------------------|---|

C. Vehicle Information

| | | | | |
|----------------------------------|------|------------|----------------|--------|
| Year | Make | Model | Color | VIN # |
| Former Vehicle Owner's Last Name | | First Name | Middle Initial | Suffix |

Address

| | | | |
|--------|------|-------|----------|
| Street | City | State | Zip Code |
|--------|------|-------|----------|

Was vehicle 10 model years old or less at time of total loss? (check one) Yes No

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. Class 2 or Class 3 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: _____

M.G.L. Chapter 90D, § 20 (as amended in 2012). Salvage Titles for Total Loss Salvage Motor Vehicles; Procedures.

- (a) Except as provided for in subsection (e), whenever an insurer acquires ownership of a motor vehicle which it has determined to be a total loss salvage motor vehicle, it shall, within ten days from the date of acquisition, surrender the certificate of title to the registrar and shall apply for a salvage title.
- (b) Whenever an insurer makes a total loss settlement on a vehicle which it has determined to be a total loss salvage motor vehicle and the insured owner or claimant retains possession and ownership of the vehicle, the insurer shall notify the registrar of such retention on a form prescribed by the registrar and the owner shall, within ten days of such settlement, surrender the certificate of title to the registrar and shall apply for a salvage title. The insurer shall notify the insured owner or claimant of said owner's or claimant's responsibility to comply with the provisions of this section.
- (c) Whenever a motor vehicle which is not the subject of an insurance settlement is damaged to such an extent that the owner determines said vehicle to be a total loss salvage motor vehicle, the owner shall surrender the certificate of title to the registrar and shall promptly apply for a salvage title.
- (d) A total loss salvage motor vehicle shall not be titled under this chapter or registered for operation under chapter ninety unless the owner complies with the provisions of section twenty D. The owner of a total loss salvage motor vehicle shall not transfer such vehicle except in accordance with section twenty C.
- (e) (1) Whenever an insurer acquires a motor vehicle which it has determined to be a total loss salvage motor vehicle but is unable to obtain the certificate of title, the insurer may apply for a salvage title in its name without surrendering the certificate of title. Such application shall be accompanied by evidence that the insurer has paid a total loss claim on the vehicle and made at least 2 written attempts, addressed to the last known owner of the vehicle and any known lienholder, to obtain the certificate of title. In lieu of a salvage title, the insurer may similarly apply for a certificate of title in its name for a vehicle if the age of the vehicle precludes issuance of a salvage title.
- (e) (2) Whenever an insurer requests that Class 2 or Class 3 dealer take possession of a motor vehicle that is the subject of an insurance claim and subsequently a total loss claim is not paid by the insurer with respect to such motor vehicle, the Class 2 or Class 3 dealer may, if such motor vehicle has been abandoned at the facility of the Class 2 or Class 3 dealer for more than 30 days, apply for a salvage title in such dealer's name without surrendering the certificate of title. Such application shall be accompanied by evidence that the Class 2 or Class 3 dealer made at least 2 written attempts, addressed to the last known owner of the vehicle and any known lienholder, to have the vehicle removed from the facility. In lieu of a salvage title, the Class 2 or Class 3 dealer may similarly apply for a certificate of title in the dealer's name for a vehicle if the age of the vehicle precludes issuance of a salvage title.