



— DEPARTMENT OF —
REVENUE
STATE OF MISSISSIPPI

APPLICATION FOR A SALVAGE
CERTIFICATE OF TITLE –
INSURANCE COMPANY

Form 78-032

Fee \$9.00

FORM MUST BE TYPED OR COMPUTER PRINTED AND CAN ONLY BE USED WHEN THE INSURANCE COMPANY IS UNABLE TO OBTAIN THE PROPERLY ENDORSED TITLE AFTER DISBURSING A TOTAL LOSS SETTLEMENT

I, the undersigned, certify that the referenced vehicle has been declared a total loss and the owner of the vehicle has elected to retain the salvage and one of the following applies:

☐

Salvage

☐

Junk

I, the undersigned, further certify that documentation described below has been sent to owner of said vehicle and copies are attached:

- Two (2) written attempts to the owner to obtain the current certificate of title
- A letter of request for a salvage title
- Proof the Lienholder's Interest was protected

VIN Number: _____

Make: _____ Model: _____ Year: _____

Owner's Name: _____ Claim #: _____

Insurance Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Authorized Agent's Name: _____

Date of Total Loss: _____ Date of Settlement: _____

Authorized Agent's Signature and Position Title

This form must be submitted to the Department of Revenue Title Bureau within 30 days after the total loss settlement has been disbursed. This form must be completed by the Insurance Company. Any incomplete form will be rejected.