

**Wyoming Department of Transportation  
Motor Vehicle Services  
5300 Bishop Blvd.  
Cheyenne, Wyoming 82009-3340  
Phone (307) 777-4709**

**APPLICATION FOR REBUILT SALVAGE VEHICLE DECAL**

31-2-108

\* These areas must be completed to be processed.

**I HEREBY CERTIFY** that I am the owner of the vehicle described herein:

\_\_\_\_\_  
\*Make            \*Year            \*Body Style            \*Vehicle Identification Number

\_\_\_\_\_  
**\*Name (s) of Applicant (s)**

\_\_\_\_\_  
\*Mailing Address            \*City            \*State            \*Zip Code

\_\_\_\_\_  
**\*Name of Person or Business that Repaired or Rebuilt the Vehicle**

\_\_\_\_\_  
\*Mailing Address            \*City            \*State            \*Zip Code

\*Identify the vehicle's damage prior to being repaired \_\_\_\_\_  
(Must be completed to be processed)

**\*\*Applicant must attach a copy of the Wyoming Certificate of Title branded  
"Salvage" to this application. \*\***

I declare that the information contained in this application is complete and accurate and, to the best of my knowledge, no stolen parts were used during the rebuilding of this vehicle.

\_\_\_\_\_  
\*Signature of Applicant            Daytime Phone No.            Date

**ANY PERSON CONVICTED OF MAKING A FALSE STATEMENT IN AN APPLICATION IS  
GUILTY OF A FELONY AND IS SUBJECT TO A FINE AND IMPRISONMENT.**

**DEPARTMENT USE ONLY:**

Decal # \_\_\_\_\_ Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

MV-600 (05/08)