▲ (DO NOT WRITE, MARK, OR STAMP ABOVE THIS LINE) ▲

TENNESSEE DEPARTMENT OF REVENUE
SPECIAL INVESTIGATIONS SECTION
44 VANTAGE WAY, SUITE 160
NASHVILLE, TN 37243-8050

APPLICATION FOR ☐ TENNESSEE SALVAGE CERTIFICATE

☐ TENNESSEE NON-REPAIRABLE CERTIFICATE

DATE		INVOICE NO.
TRANSACTION TYPE	CERTIFICATE NUMBER	DATE VEHICLE PURCHASED

VIN

LAST NAME	FIRST NAME	MIDDLE INITIAL	MAKE	YEAR
LAST NAME	FIRST NAME	MIDDLE INITIAL	MODEL	BODY TP
STREET ADDRESS				
CITY	STATE	ZIP CODE	CURRENT TITLE NO.	STATE

	POLICY NUMBER	
	ODOMETER READING	

WRITTEN SIGNATURE OF OWNER	DATE
WRITTEN SIGNATURE (By Power of Attorney)	DATE

FORM MUST BE PRINTED OR TYPEWRITTEN IN BLACK

RV-F1311801