



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

TENNESSEE DEPARTMENT OF REVENUE



- 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