

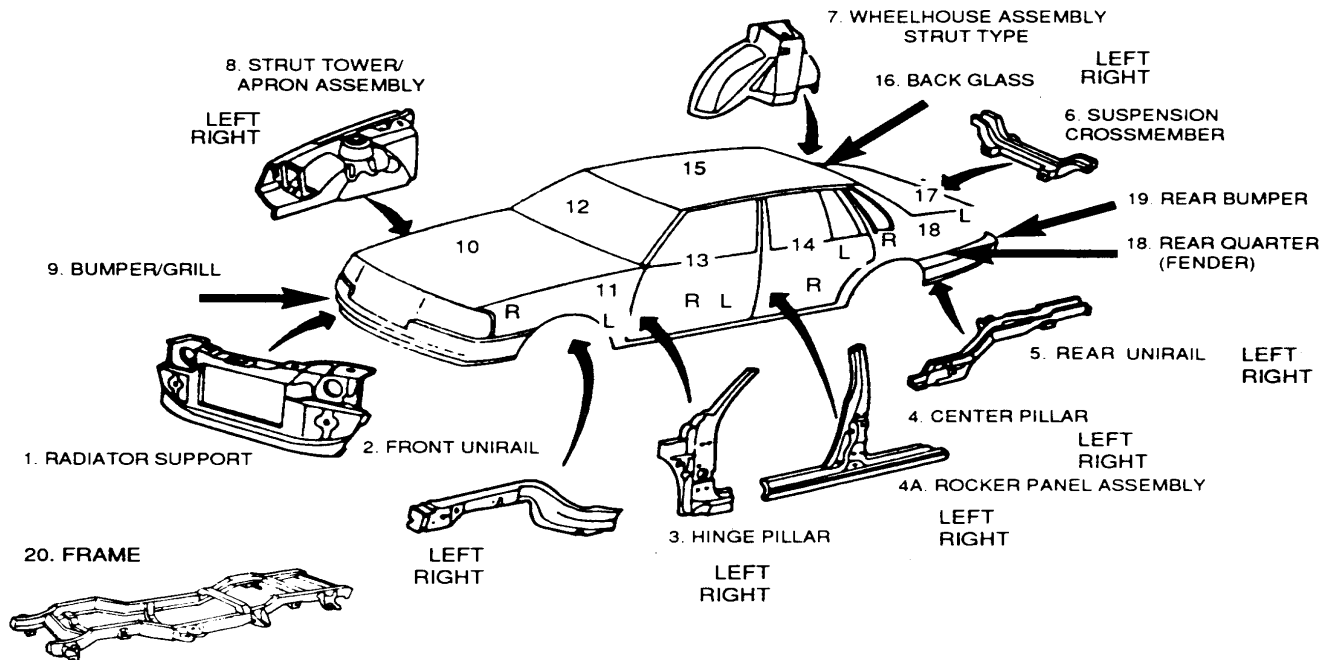
APPLICATION FOR NON-REPAIRABLE CERTIFICATE

NON-REPAIRABLE CERTIFICATE -- NO FEE

PRINT NAME OF OWNER (LAST, FIRST, MIDDLE) OR INSURANCE COMPANY		TELEPHONE NUMBER		SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER	
ADDRESS (NUMBER AND STREET ADDRESS)			CITY	STATE	ZIP CODE
INSURANCE COMPANY CODE NUMBER	STOCK NUMBER OR INSURANCE CLAIM NUMBER		DATE OF CLAIM PAYMENT TO OWNER/LIENHOLDER		

VIN (VEHICLE IDENTIFICATION NUMBER)	YEAR	MAKE	BODY TYPE	TITLE NUMBER
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DESCRIPTION OF DAMAGE CIRCLE NUMBER TO INDICATE DAMAGED AREAS



(21) (List Other Parts—Explain)

CERTIFICATE NUMBER

PRINT NAME OF OWNER OR OFFICER OF CORPORATION AS AUTHORIZED INDIVIDUAL	TITLE OF OFFICER OR INDIVIDUAL
SIGNATURE OF OWNER OF CORPORATION OR AUTHORIZED INDIVIDUAL	DATE