

**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: _____