



Department of Motor Vehicles
Agency of Transportation

120 State Street
Montpelier, Vermont 05603-0001
(voice) 802.828.2000
(fax) 802.828.2098
dmv.vermont.gov

Out-Of-State Branded Title Vehicle Inspection Form

TO VERMONT INSPECTION MECHANIC / STATION:

The individual who has presented you with this form is an out-of-state resident. They have applied for a Vermont registration and or title for the vehicle listed below. This vehicle has been previously issued a branded title (i.e. – salvaged, rebuilt, totaled, flood, parts only, scrap, etc.) Prior to Vermont DMV issuing a registration and or title for this vehicle, it must be assured it meets all of the safety requirements outlined in the Vermont Periodic Inspection Manual. This inspection should not be considered a courtesy inspection for a vehicle registered in another state.

If Vermont DMV has issued a temporary registration for this vehicle, a sticker can be issued (provided the vehicle passes inspection). If the applicant has applied for a “title only,” no inspection sticker should be issued for this vehicle.

NOTE: If the vehicle you are about to inspect has a valid registration and is being operated on the highway, it must possess valid proof of liability insurance in order to be inspected. If the vehicle is not currently registered (title only applicants) and has been towed to you, no proof of registration or liability insurance is required in order for you to conduct this inspection, however, a road test on a public highway should not be conducted.

APPLICANT SECTION (please fill out all of the following information):

Name: _____ Phone (day): _____

Date of Birth: _____ Phone (evening): _____

Address (physical): _____ SSN: _____

City / State / Zip: _____

Address (mailing): _____

City / State / Zip: _____

Vehicle Make: _____ Model: _____ Year: _____

Body Type: _____ Color: _____

Cylinders: _____ Fuel: _____

VIN: _____ Title Branded As: _____

CERTIFIED VERMONT INSPECTION MECHANIC / STATION SECTION:

Name of Business: _____ Phone: _____

Station Address: _____

City / Zip Code: _____ Station No: _____

Mechanic Name: _____ Cert. No: _____

CHECK ONE:

Vehicle meets the requirements of the Vermont Inspection Manual

Vehicle **does not** meet the requirements of the VT Inspection Manual (*List reasons below*)

Vehicle VIN: _____ Make: _____ Model: _____

Signature: _____ Date: _____

Inspection Mechanic

If Vehicle FAILED Inspection List Reasons Below: