

**TO APPLICANT:**

If your vehicle has a **Salvage** or **Rebuilt** title issued by a State other than Vermont or has been declared a total loss by an insurance company, it must undergo a Vermont State Safety Inspection prior to being titled in this State. You must obtain a valid registration and proof of insurance before an inspection can be administered. This form must be completed by a licensed Vermont inspection mechanic prior to titling.

**OR**

If the documentation for your vehicle states it is **Non-Repairable, Parts-Only**, has a **Certificate of Destruction** or any other brand that implies it should not be returned to use on a highway, a Vermont Department of Motor Vehicles Inspector from the Law Enforcement Division will be required to examine it. This examination must take place **after** your vehicle has successfully passed a Vermont State Safety Inspection. No title will be issued until these conditions have been satisfied. In these instances, a DMV Inspector will contact you to notify you of the date and location for the examination.

**TO VERMONT INSPECTION MECHANIC / STATION:**

The individual who has presented you with this form has applied for a Vermont registration and title for the vehicle listed below. This vehicle has been previously issued a branded title in another jurisdiction. Prior to Vermont DMV issuing a title for this vehicle, it must be assured it meets **all** 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. Vermont DMV has issued a temporary registration for this vehicle. An inspection sticker may be issued, provided the vehicle passes inspection.

**APPLICANT SECTION (please completely fill out ALL of the following information):**

|   |             |                                    |               |
|---|-------------|------------------------------------|---------------|
| <b>Name:</b>  | <b>Last</b> | <b>First</b>                       | <b>Middle</b> |
| <b>Address Where You Get Your Mail (mailing address) - Include Street Number and Name (If PO or Private Box, also fill in "Address Where You Live" below)</b> |             |                                    |               |
|   |             | <b>City:</b>                       | <b>State:</b> |
|   |             | <b>Zip:</b>                        |               |
| <b>Address Where You Live (physical address) - NO PO Box</b>  |             |                                    |               |
|   |             | <b>City:</b>                       | <b>State:</b> |
|   |             | <b>Zip:</b>                        |               |
| <b>Social Security Number:</b>  |             | <b>Date of Birth (mm/dd/yyyy):</b> |               |
|   |             |                                    |               |
| <b>Daytime phone number</b>   |             | <b>E-mail address</b>              |               |
|   |             |                                    |               |

|                      |                          |                   |
|----------------------|--------------------------|-------------------|
| <b>Vehicle Make:</b> | <b>Model:</b>            | <b>Year:</b>      |
| <b>Body Type:</b>    | <b>Color:</b>            | <b>Cylinders:</b> |
| <b>Fuel:</b>         | <b>Title Branded As:</b> |                   |
| <b>VIN:</b>          |                          |                   |
|                      |                          |                   |

**CERTIFIED VERMONT INSPECTION MECHANIC / STATION SECTION:**

|                   |           |             |           |
|-------------------|-----------|-------------|-----------|
| Name of Business: |           | Phone:      |           |
| Station Address:  |           |             |           |
| City:             | Zip Code: | Station No: | Cert. No: |
| Mechanic Name:    |           |             |           |

**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: \_\_\_\_\_

Inspection Mechanic Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Vehicle FAILED Inspection List Reasons Below: