

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):

Name:	Last	First	Middle
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)			
		City:	State:
		Zip:	
Address Where You Live (physical address) - NO PO Box			
		City:	State:
		Zip:	
Social Security Number:		Date of Birth (mm/dd/yyyy):	
Daytime phone number		E-mail address	

Vehicle Make:	Model:	Year:
Body Type:	Color:	Cylinders:
Fuel:	Title Branded As:	
VIN:		

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: