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MV-1SA (11-2019)
Web and MV Manual

Georgia Department of Revenue - Motor Vehicle Division
Application for Salvage Certificate of Title When the Insurance Company is Unable to Obtain the Certificate of Title

ANY CORRECTION OR ALTERATION WILL VOID THIS AFFIDAVIT

Purpose of this form: This form is to be used by an insurance company or its authorized agent licensed to do business in Georgia to apply for a salvage certificate of title when an assigned certificate of title is not obtained within 30 days after the vehicle owner accepts payment of a total loss claim.

Completing this form: This form must be completed in its entirety, legibly printed in blue or black ink or typed.

Section A: Record the vehicle's information for which an assigned certificate of title is not obtained from the vehicle owner.

Section B: Complete the insurance company's information by providing the insurance company's name, mailing address, telephone number and its authorized agent's name, e-mail address, mailing address and telephone number.

Section C: Certify that all statements are true and accurate.

How to submit this form: Insurance companies shall mail this completed form with all required documents to DOR/Motor Vehicle Division, Attn: Salvage Unit, P.O. Box 740384, Atlanta, GA 30374-0384. A salvage dealer, designated as an authorized agent of an insurance company, may submit documents electronically through an Electronic Title and Registration (ETR) salvage vendor.

Required documents: A completed and signed Form MV-1S Motor Vehicle Salvage Title Application, a copy of the payment to the vehicle owner, as well as two certified mailing receipts to serve as evidence of communication with the vehicle owner must be submitted to process this application. If this application is completed by a salvage dealer, a copy of a written document from the insurance company supporting the transfer of all claims or rights to the vehicle must also be provided.

Fees: Payment of an $18.00 title fee and the title ad valorem tax are required for application of a salvage certificate of title.

A VEHICLE INFORMATION

Vehicle Identification No. (VIN):

Vehicle Owner's Full Legal Name: Individual Name (First Name, Middle Initial, Last Name, Suffix) or Business Name

B INSURANCE COMPANY INFORMATION

Insurance Company's Name: **Claim Payment Date:**

Mailing Address: Street No. Street Name Apt./Suite No.

City: **State:** **ZIP Code:** **Telephone No.:**

Authorized Agent's Full Legal Name:

E-mail Address:

Mailing Address: Street No. Street Name Apt./Suite No.

City: **State:** **ZIP Code:** **Telephone No.:**

C CERTIFICATION

Pursuant to Georgia Code § 16-10-20, I acknowledge that any person knowingly or willfully making a false, fictitious or fraudulent statement, upon conviction thereof, is guilty of a felony punishable by a fine of up to $1,000 or by imprisonment of up to five years, or both. I, an authorized agent of the insurance company named in Section B solemnly swear or affirm that the statements made herein are true and correct:

- The vehicle described in Section A was declared a total loss;
- A total loss claim was paid and accepted by the vehicle's owner; and
- Two or more written communications were sent to the vehicle owner requesting a properly assigned certificate of title.

I further certify the vehicle owner identified in Section A has failed to provide an original certificate of title within 30 days following acceptance of payment for a total loss claim as provided in Georgia Code § 40-3-36(a)(4)(C)(i), and I hereby apply to the Georgia Department of Revenue, Motor Vehicle Division for a salvage certificate of title.

Authorized Agent's Signature: **Date:** / /

Have a question? Visit our website at http://dor.georgia.gov/motor-vehicles or scan the QR code above for more information.