## ARKANSAS OFFICE OF MOTOR VEHICLES INSURER NOTFICATION AND DECLARATION OF DAMAGE FOR A SALVAGE MOTOR VEHICLE

Pursuant to Arkansas Code 27-14-2301, "salvage vehicle" means a motor vehicle that has sustained physical damage equal to or exceeding seventy percent (70%) of its average retail value, or water damage to the extent that the motor vehicle was submerged to any level above the dashboard. If an insurer indemnifies under an insurance policy, but does not take title to a motor vehicle that has become a "salvage vehicle", the insurer shall notify the Office of Motor Vehicle that the motor vehicle is a salvage vehicle. The Office is required to note on any subsequent title issued that such motor vehicle is a salvage motor vehicle. Motor vehicles exempt from salvage vehicle laws are motorcycles, motor-driven cycles, trucks with an unladen weight of ten thousand pound (10,000 lbs.) or more, and motor vehicles more than seven (7) model years old prior to the calendar year of the of the event which caused the motor vehicle to become damaged. The age exemption is determined by subtracting eight (8) from the current calendar year.

Complete this form and deliver to Office of Motor Vehicle by any of the following methods:

E-mail: OMVSalvageNotification@dfa.arkansas.gov		Fax: 501-682-4756	
In Person:	Office of Motor Vehicle	By Mail:	Office of Motor Vehicle
	Ragland Building, Room 1100		P.O. Box 8096
	1900 West 7th Street		Ragland Building Room 1100
	Little Rock, AR 72201		Little Rock, AR 72203

Sections 1, 2, 3, and 4 of this form must be completed. A copy of the insurer's total loss report may be submitted in lieu of completion of Section 5. If a total loss report is submitted, it must contain a detailed description of damages.

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SECTION 1 INSURANCE COMPANY NFORMATION		VEHICLE OWNER INFORMATION						
NAME OF INSURANCE COMPANY:	OWNER'	S LAST NAME	FIRST NAME					
		~						
ADDRESS	ADDRES	ADDRESS						
ADDDEGG	, pppra	ADDDEGG						
ADDRESS:	ADDRES	8						
CITY, STATE, ZIP	CITY OF	CITY, STATE, ZIP						
CITY, STATE, ZIP	CITY, ST	CITY, STATE, ZIP						
SECTION 2 INSURE	R'S NAIC AND	PHONE NUMBER						
INSURER'S NATIONAL ASSOCIATION OF								
INSURANCE CARRIERS (NAIC) NUMBER		PHONE NUMBER						
SECTION 3								
V.I.N. YEAR	MAKE	MODEL	BODY STYLE					
SECTION 4 TYPE AND ESTIMATE OF DAMAGE								
TPYE OF DAMAGE (physical or water): ESTIMATE OF DAMAGE: \$ PERCENT OF A.R.V								
TPTE OF DAMAGE (physical or water): ESTIMATI	E OF DAMAGE: 3	)	PERCENT OF A.R.V.	%				
PRICE GUIDE USED: DATE OF DAM	AGE	AVERA	AGE RETAIL VALUE:\$					
SECTION 5 DESCRIPTION OF DAMAGE								
ENTER BELOW A THOROUGH DESCRIPTION OF THE NATURE AND EXTENT OF DAMAGE TO THE VEHICLE OR ATTACH A COPY OF THE								
TOTAL LOSS REPORT. (Damage to the frame or unibody structure that would require repair or replacement if rebuilt should be noted)								
I hereby certify that the information contained herein is as complete and accurate as could be determined from a visual inspection of the damage. Additional								
undisclosed damage may have occurred which could not be detected without disassembly or the use of specialized equipment for the detection of structural,								
mechanical, or electrical damage.								
Printed Name of Insurance Company Official Completing Notification		Title	<u> </u>	Date				

This form may be photocopied, reprinted, or computer generated, provided the information required hereon is displayed in substantially the same format.