

**North Carolina Department of Transportation DIVISION OF  
MOTOR VEHICLES  
AFFIDAVIT AND NOTIFICATION TO OWNER**

**\$21.50 FEE**

**VEHICLE SECTION**

TITLE NUMBER	YEAR	MAKE	VEHICLE IDENTIFICATION NUMBER	BODY STYLE
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**OWNER/REGISTRANT SECTION**

Owner 1 ID # \_\_\_\_\_  
Full Legal Name of Owner/Registrant 1 (First, Middle, Last, Suffix) or Company Name \_\_\_\_\_

Owner 2 ID # \_\_\_\_\_  
Full Legal Name of Owner/Registrant 2 (First, Middle, Last, Suffix) or Company Name \_\_\_\_\_

Residence Address (Individual) Business Address (Firm) \_\_\_\_\_

City and State \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Mail Address (if different from above) \_\_\_\_\_

**SECTION A: CERTIFICATION BY INSURANCE COMPANY (COMPLETE IF TOTAL LOSS CLAIM WAS PAID)**

This is to certify that the insurance company listed below has paid a total loss claim on the above listed vehicle. I also certify that a notice requesting the title was sent via certified mail to the owner and any recorded lienholder at least 30 days prior to submitting this form to the Division. Proof of payment of a total loss claim to the lienholder (if applicable)/owner is attached showing evidence that funds were paid to the first recorded lienholder shown in the Division's records. I certify that all information and supporting documents submitted are true and accurate.

*Proof of payment of total loss claim and proof of request for title sent to the Owner/Lienholder MUST be attached to this form.*

Name of Insurance Company \_\_\_\_\_ Name of Claims Representative \_\_\_\_\_

Claim number \_\_\_\_\_ Phone # of Claims Representative \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State and Zip Code \_\_\_\_\_

**SECTION B: CERTIFICATION BY DEALER (COMPLETE IF TOTAL LOSS CLAIM WAS NOT PAID)**

This is to certify that I am a North Carolina used motor vehicle dealer whose primary business is the sale of salvage vehicles on behalf of insurance companies. I also certify that upon receiving a release statement from the insurer, a notice requesting the owner and any recorded lienholder to pick up the vehicle was sent via certified mail at least 30 days prior to submitting this form to the Division. I have attached the release from the insurer, copy of the notice and proof of delivery. I certify that all information and supporting documents submitted are true and accurate.

*Proof of notice sent to the Owner and/or any Lienholder MUST be attached to this form.*

Name of Dealer \_\_\_\_\_ Name of Agent for Dealer \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State and Zip Code \_\_\_\_\_

Notice Sent To:(Owner Name and Address) \_\_\_\_\_ Date Notice Mailed: \_\_\_\_\_

Notice Sent To:(Lienholder Name and Address) \_\_\_\_\_

Odometer  _____	To my knowledge the vehicle described herein:		
	Yes	No	Has been involved in a collision or other occurrence to the extent that the cost to repair exceeds 25% of fair market retail price.
ONC (odometer not certified)	Yes	No	Has been a flood vehicle, a reconstructed vehicle or a salvage vehicle.

*Disclaimer: G.S. 20-109-1 (b) (2) "The Division shall not be subject to a claim under Article 31 of Chapter 143 of the General Statutes related to the cancellation of a title pursuant to this section if the claim is based on reliance by the Division on any proof of payment or proof of notice submitted to the Division by a third party pursuant to subdivision (b) (2) or subsection (e1) of this section.*

Signature of Authorized Agent or Representative \_\_\_\_\_

Date \_\_\_\_\_ County \_\_\_\_\_ State \_\_\_\_\_

I certify that the following person(s) personally appeared before me this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in the capacity indicated: \_\_\_\_\_ (Name(s) of Principal(s)).

Notary Signature \_\_\_\_\_ Notary Printed Name \_\_\_\_\_

(SEAL) My Commission Expires \_\_\_\_\_

PURPOSE
<p>This form is to be used by an NC insurance company when a salvage vehicle owner fails to assign and deliver the vehicle's certificate of title to the insurer within 30 days of the payment of the claim in accordance with North Carolina General Statute 20-109(b)(1). This form may also be used by a North Carolina car dealer, whose primary business whose is the sale of salvage vehicles on behalf of insurers and taking possession of salvage vehicles that are the subject of insurance claims, where an owner or lienholder abandons the vehicle.</p>
INSTRUCTIONS FOR THE INSURANCE COMPANY
<p>Insurer must send certified request for title at least 30 days prior to submitting request from the Division and provide proof of delivery. Insurer must provide proof of payment of the claim. Insurer must provide evidence that funds were paid to the first lienholder shown on the Division's record. Insurer must complete all application sections of the form including odometer and damage disclosure certification. Upon receipt of form MVR-4F, supporting documents and a fee of \$15.00 the Division will issue the insurer an MVR-40 (salvage certificate) to be used to sell the vehicle.</p>
INSTRUCTIONS FOR THE NC DEALER
<p>Dealer must be licensed in North Carolina and operate a business in accordance with North Carolina General Statutes 20-109(e1). Dealer must have authorization from the insurance company to release the vehicle to the owner or lienholder. Dealer must have possession of vehicle for 30 days. Dealer must send notification via certified mail to the lienholder or owner informing them that the vehicle is available for pickup. Notice shall include outstanding charges owed to the motor vehicle dealer. Dealer must provide proof of delivery of notice. Dealer may submit request for title by submitting MVR-4F if the vehicle is not picked up within 30 days. Dealer must complete all applicable sections of the form including odometer and damage disclosure certification. Upon receipt of form MVR-4F, supporting documents and a fee of \$15.00, the Division will issue the Dealer a MVR-40 (salvage certificate) to be used to sell the vehicle.</p>