DMV-SV-5
REV 6/17

West Virginia Department of Transportation

Division of Motor Vehicles

Certificate of Cosmetic Total Loss

West Virginia dmv
Keeping West Virginia on the move.

1-800-642-9066
www.dmv.wv.gov

Name _____ Daytime Phone (____)_____-_____

Address _____
STREET ADDRESS CITY STATE ZIP

Vehicle Information

Make _____ Year ☐☐☐☐ VIN No. ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Style of Body _____ Weight _____ or _____ Odometer Reading _____
PASSENGER VEHICLE TRUCKS GVW

Insurance Company Declaration & Certification

The above vehicle has been declared to be a total loss, but the damage is exclusively cosmetic and no repair is necessary in order to legally and safely operate the motor vehicle on hte roads and highways of this state.

I hereby certify under penalty of fines and/or imprisonment, that the statements made herein are correct to the best of my knowledge and belief.

Name of Insurance Company _____

(X) _____ ____/____/____
SIGNATURE OF INSURANCE COMPANY REPRESENTATIVE (NO COPIES OR STAMPS) DATE

Indicate Damage:

_____
_____
_____
_____
_____
_____
_____
_____
_____

This form must be accompanied by the owner's title and the required $22.50 fee.

ANY ALTERATIONS OR ERASURES WILL VOID THIS FORM.