

**Form MV-4RP (8-06)**

Abandoned Vehicle Unit  
P.O. Box 68594  
Harrisburg, PA 17106-8594

**INDEMNITY AGREEMENT FOR  
FAULTY/LOST/DESTROYED TITLE**

**FOR DEPARTMENT USE ONLY**

**NOTE: This form may only be used by a salvor in conjunction with a salvage vehicle which has a faulty, lost or destroyed title when the vehicle is located on the property of its owner. A non-repairable certificate will be issued.**

**SALVOR:** A person engaged in the business of acquiring abandoned vehicles for the purpose of taking apart, recycling, selling, rebuilding or exchanging the vehicles or parts thereof.

**INSTRUCTIONS**

- \* Application must be completed in full.
- \* Please return completed application to: Abandoned Vehicle Unit, P.O. Box 68594, Harrisburg, PA 17106-8594.

**Section A - Salvor Information (To be Completed by Salvor)**

Name of Salvor: \_\_\_\_\_

Dealer Identification Number \_\_\_\_\_ Salvor Certification Number \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Salvor's Telephone Number: (    ) \_\_\_\_\_

Authorized Signature of Salvor: \_\_\_\_\_ Date: \_\_\_\_\_

**Section B - Vehicle Description (To be completed by Vehicle Owner)**

Title Number (if known): \_\_\_\_\_ Registration Plate Number (if known): \_\_\_\_\_

Vehicle Identification Number: \_\_\_\_\_

Year: \_\_\_\_\_ Make: \_\_\_\_\_ Body Style: \_\_\_\_\_

Odometer reading  
(Exclude tenths) \_\_\_\_\_ , \_\_\_\_\_ **OR,  MILEAGE UNKNOWN**

**Section C - Certification (To be completed by Vehicle Owner)**

I certify that I am the sole and rightful owner of the above referenced vehicle and the vehicle is located on my property. I further certify that the vehicle is a salvage vehicle. I hereby transfer ownership of the vehicle to the salvor listed above. I agree to indemnify and save harmless the Commonwealth of Pennsylvania, its employees and salvors from any loss suffered by any party having interest in the vehicle and all costs, liabilities, damages or expenses arising from claims of any nature whatsoever of any others as a result of my certification of owner, determination of value of the vehicle and/or the vehicle being flattened or crushed as a non-repairable vehicle.

I certify under penalty of perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Signature of Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Hand print Name of Owner: \_\_\_\_\_ PA Driver License or  
PA Photo ID Number \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_