

DONATION AFFIDAVIT WITHOUT ENDORSED TITLE

NRS 487.800

Please include a check or money order for the **\$10.00** Salvage Title fee. There is **NO** fee for a Non-Repairable Vehicle Certificate. Complete only when endorsed title has not been received. This form **must** be submitted with a completed Application for Salvage Title or Non-Repairable Vehicle Certificate (VP-213), a completed VIN Inspection form (VP-15), and proof of mailings.

First mailing must be minimum of 30 days after settlement date.

Please type or print in blue or black ink

Vehicle Identification Number

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Year _____ Make _____ Model _____

Organization Name _____

Tax Exempt Number _____ Telephone _____

Mailing Address _____
Address
City
State
Zip Code

The vehicle was received on _____
Date

The owner(s) did not supply certificate of title. Attached is proof of the two attempts to contact the owner(s), the application for salvage title or non-repairable vehicle certificate and the vehicle inspection certificate.

Registered Owner _____
First
Middle
Last

Mailing Address _____
Address
City
State
Zip Code

The first mailing was sent on _____
Date

The second mailing was sent on _____
Date

Lienholder _____
Name (if no lienholder write "none")

Mailing Address _____
Address
City
State
Zip Code

The first mailing was sent on _____
Date

The second mailing was sent on _____
Date

I hereby certify and affirm that all provisions of NRS 487.800 have been complied with, and make this affidavit for the purpose of satisfying the Nevada Department of Motor Vehicles that a Salvage Title or Non-Repairable Certificate for the described vehicle should be issued to in the name of the organization listed above upon the facts stated herein. I also hereby release, discharge and agree to hold harm-less the Nevada Department of Motor Vehicles of and from any and all liability to anyone whomsoever which may arise by reason of any contest of the validity of this vehicle transfer. I declare under penalty of perjury that the foregoing is true and correct.

Authorized Representative Printed Name _____

Authorized Representative Signature _____ Date _____

**Signatures must be originals. Photocopies are not acceptable.
 Alterations or Erasure VOIDS this Document**