Wyoming Department of Transportation Motor Vehicle Services 5300 Bishop Blvd. Cheyenne, Wyoming 82009-3340 Phone (307) 777-4709

APPLICATION FOR REBUILT SALVAGE VEHICLE DECAL

31-2-108

* These area	s must be complet	ted to be processed.		
I HEREB	Y CERTIFY t	hat I am the owner of	the vehicle described he	erein:
*Make	*Year	*Body Style	*Vehicle Identification Number	
		*Name (s) of Ap	oplicant (s)	
*Mailing Address		*City	*State	*Zip Code
	Name of Pers	on or Business that R	Repaired or Rebuilt the	e Vehicle
*Mailing A	Address	*City	*State	*Zip Code
**Applica		2.0	paired(Must be comp	leted to be processed) e branded
		contained in this application re used during the rebuilding	n is complete and accurate ang of this vehicle.	and, to the best of my
*Signature of Applicant			Daytime Phone No	o. Date
			E STATEMENT IN AN A INE AND IMPRISONME	
DEPART	MENT USE O	ONLY:		
Decal #		Issued by:	Date:	

MV-600 (05/08)