

## **Application for Certificate of Salvage**

## Instructions:

## Check 🗹 Proper Block

- 1. Original Certificate of Salvage. Complete Sections A, B and D. Must be completed by the owner whose name appears on the face of the attached certificate of title, or if the title is assigned, the last assignee whose name appears on the backside of the title. Fee is \$30.00.
  - Duplicate Certificate of Salvage. Complete Sections A, B, C and D. <u>Only the owner listed on the front of the original certificate of salvage may obtain a duplicate.</u> Fee is \$20.00
- 2. Must submit a Total Loss Letter from the Insurance company.
- 3. Must submit a picture or pencil tracing of the Hull Identification Number (HIN).
- 3. DO NOT SEND CASH. Make your check or money order payable to: The Pennsylvania Fish and Boat Commission (PFBC)
- Mail to: Pennsylvania Fish and Boat Commission Division of Licensing and Registration P.O. Box 68900 Harrisburg, PA 17106-8900

| А.  | Applicant                       |  |       |                                  |                     |                          |                  |  |
|---|---------------------------------|--|-------|----------------------------------|---------------------|--------------------------|------------------|--|
| Name in Which Certificate of Salvage is to be Issued  |                                 |  |       |                                  |                     | Daytime Telephone Number |                  |  |
|   |                                 |  |       |                                  |                     |                          |                  |  |
| Mailing Address   |                                 |  |       |                                  |                     |                          |                  |  |
| City  | ity                             |  |       |                                  | State               | ate Zip Code             |                  |  |
|   |                                 |  |       |                                  |                     |                          |                  |  |
| Email Address:<br>(Optional)  |                                 |  |       |                                  |                     |                          |                  |  |
| B. Boat Information   |                                 |  |       |                                  |                     |                          |                  |  |
| PA Registration Number  | tion Number Title Number        |  |       | Hull Identification Number (HIN) |                     |                          |                  |  |
| Manufacturer  |                                 |  | Model | Year                             |                     |                          | Year             |  |
| Owner's Name as Printed on Attached Title   |                                 |  |       |                                  |                     |                          |                  |  |
|   |                                 |  |       |                                  |                     |                          |                  |  |
| с.  | Application for Duplicate       |  |       |                                  |                     |                          |                  |  |
| Appropriate Block   | •                               |  |       |                                  | Defaced certificate |                          |                  |  |
| Must be Checked   | st be Checked Destroyed must be |  |       | attached                         | I)                  | informat                 | formation above) |  |
| D. Signatures   |                                 |  |       |                                  |                     |                          |                  |  |
| I/We certify under penalty of law (18 Pa. C.S. §4904 (relating to unsworn falsification to authorities)) that the statements made herein are true and correct to the best of my/our knowledge, information, and belief. |                                 |  |       |                                  |                     |                          |                  |  |
|   |                                 |  |       |                                  |                     |                          |                  |  |
| ✓   |                                 |  |       |                                  |                     |                          |                  |  |
| Signature of Applicant or Authorized Person   |                                 |  |       |                                  | Telephone Number    |                          |                  |  |
| $\checkmark$  |                                 |  |       |                                  |                     |                          |                  |  |
| Signature of Co-applicant   |                                 |  |       |                                  | Date of Application |                          |                  |  |