

Salvage Inspection by Licensed
Dealer or Repairer
B-270 NEW

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
On the Web at CT.gov/dmv

INSTRUCTIONS: Dealer/Repairer must be provided the following to perform salvage inspection: Form K-186 Salvage Vehicle Repair Report, photographs, Insurance Adjusters Report, Receipts for major components and parts. A copy of the inspection and all documentation must be kept by dealer/repairer performing inspection for 2 years.

| Section A: (Customer to complete) | | | | | | | | | | | |
|---|------------|-------------------|--|---|-----------------|--|---------------------------------|----------------|-------------|----------|--|
| NAME OF CURRENT OWNER: | | | | | | | | | | | |
| ADDRESS OF CURRENT OWNER: | | Number and Street | | | City or Town | | | State | | Zip Code | |
| Current Registration: | | Plate no. | | State: | Year: | | Make: | | Body Style: | | |
| Model: | | Color: | | Odometer Reading (miles) or Trailer GVWR: | | | | | | | |
| Vehicle Identification Number (VIN): | | | | | | | | | | | |
| Driver Present for Inspection Full Name: | | | | | | | | | | | |
| Operator License Number of Driver Present for Inspection: | | | | | | | | License State: | | | |
| Section B: DEALER/REPAIRER LICENSE INFORMATION | | | | | | | | | | | |
| Name of Dealer/Repairer Business | | | | | Phone Number | | | | | | |
| Address | | | Town/City | | State | | Zip Code | | | | |
| Printed Name of Mechanic Conducting Inspection: | | | | | | | Dealer/Repairer License Number: | | | | |
| SECTION C: INSPECTION | | | | | | | | | | | |
| Date of Inspection: | | | | | Actual Mileage: | | | | | | |
| Inspection Item | Inspection | | Comments (Describe Violation) | | | | | | | | |
| | Pass | Fail | | | | | | | | | |
| SERVICE BRAKES | | | | | | | | | | | |
| PARKING BRAKE | | | | | | | | | | | |
| TIRE/WHEELS | | | | | | | | | | | |
| STEERING SYSTEM | | | | | | | | | | | |
| SUSPENSION | | | | | | | | | | | |
| FRAME/CHASSIS | | | | | | | | | | | |
| EXHAUST | | | | | | | | | | | |
| FUEL SYSTEM | | | | | | | | | | | |
| HEADLIGHTS | | | | | | | | | | | |
| STOP/TURN LIGHTS | | | | | | | | | | | |
| MISC. LIGHTS | | | | | | | | | | | |
| WIPERS/WASHER | | | | | | | | | | | |
| WINDSHIELD/GLAZING | | | | | | | | | | | |
| HORN | | | | | | | | | | | |
| EMERGENCY EQUIPMENT | | | | | | | | | | | |
| MIRRORS | | | | | | | | | | | |
| SEATS/SEAT BELTS | | | | | | | | | | | |
| HEATER/DEFROSTER | | | | | | | | | | | |
| OTHER | | | | | | | | | | | |
| Section D: Inspection Results and Certification | | | | | | | | | | | |
| The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, under penalty of false statement in accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above cited laws. | | | | | | | | | | | |
| Inspection Results: <input type="checkbox"/> PASS <input type="checkbox"/> FAIL | | | Signature of Mechanic Conducting Inspection: | | | | | Date: | | | |

Distribution: Customer and dealer/repairer each retain a copy