

**SALVAGE YARD FACILITY
NOTICE OF INTENT TO
TRANSFER OWNERSHIP
(Denied Claim Vehicle)**

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
60 STATE STREET, ROOM 305, WETHERSFIELD, CT 06161
VEHICLE BUSINESS REGULATION
On The Web At ct.gov/dmv



H-133D New 5-2023

INSTRUCTIONS

1. Please complete all sections of this form.
2. This form cannot be submitted until sixty (60) days after receipt of the denial of coverage letter from the insurance company.
3. Please attach the following documents:
 - Copies of the mailings to the owner and lienholder (if applicable) and all return receipts;
 - A copy of the notice of denial of coverage from the insurance company;
 - A completed H-13B Form (Connecticut Registration and Title Application);
 - Affidavit to Obtain Title to a Motor Vehicle for a Denied Claim (DMV Form No. H-135); and
 - A copy of the lien release and/or owner authorization to dispose of the motor vehicle (if applicable).
 - An A-90 Form (Special Power of Attorney – Salvage and Salvage Parts Only) or General Power of Attorney. (An A-83 Form (Special Power of Attorney) **is not** acceptable.)
4. Please mail the original form to the address above with a check or money order, for \$35.00, made payable to DMV (for title only).
5. Upon receipt of this form, DMV will notify the Salvage Vendor via regular mail, or e-mail, if the vehicle is approved or rejected for title.
6. **Prior to the submission of this form, the salvage vendor must have established a holder account with The Office of the State Treasurer.**

MOTOR VEHICLE INFORMATION	VEHICLE IDENTIFICATION NUMBER		YEAR	MAKE/MODEL	MARKER PLATE # (IF ANY)
	NAME OF MOTOR VEHICLE OWNER		ADDRESS OF VEHICLE OWNER		
	NAME OF INSURANCE COMPANY				
VEHICLE LIEN HOLDER INFORMATION	NAME OF LIENHOLDER(S)				
	ADDRESS OF LIENHOLDER(S)				
SALVAGE VENDOR INFORMATION	NAME OF BUSINESS AND DEALER LICENSE NUMBER		NAME OF OWNER/PRINCIPAL OF BUSINESS		
	ADDRESS OF BUSINESS (No. and Street)		(City or Town)	(State)	(Zip Code)
	E-MAIL ADDRESS		SALES AND USE TAX PERMIT NUMBER		
	DATE MOTOR VEHICLE WAS LEFT AT THE FACILITY	DATE OF NOTICE OF DENIAL OF INSURANCE COVERAGE	AMOUNT FOR WHICH A LIEN IS CLAIMED BY THE FACILITY		

NOTICE TO SALVAGE VENDORS: Any sale proceeds in excess of the salvage vendor's charges and obligations may be claimed by the vehicle owner(s) or lienholder(s), in accordance with applicable law(s).

PLACE OF SALE	MANNER OF SALE (e.g., Auction)
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NOTIFICATION TO OWNER(S)/LIENHOLDER(S)	NOTICE 1 – DATES OF NOTIFICATION AND TRACKING NUMBERS	
	OWNER #1: _____	OWNER #2 (IF ANY) _____
	LIENHOLDER #1 (IF ANY): _____	LIENHOLDER #2 (IF ANY) _____
	NOTICE 2 – DATES OF NOTIFICATION AND TRACKING NUMBERS	
	OWNER #1: _____	OWNER #2 (IF ANY) _____
	LIENHOLDER #1 (IF ANY): _____	LIENHOLDER #2 (IF ANY) _____

In accordance with Sections 14-110 and 53a-157b of the Connecticut General Statutes, I declare under penalty of false statement that the information provided herein, and in any documents attached hereto, are true and accurate, to the best of my knowledge. I understand that if I make a statement that I do not believe to be true, with the intent to mislead the Commissioner of Motor Vehicles, I may be subject to prosecution under the above-cited laws.

SIGNATURE AND TITLE OF AUTHORIZED INDIVIDUAL	DATE SIGNED
X	
PRINTED NAME OF PERSON ABOVE	