



MAJOR PARTS STATEMENT
Repaired Salvage Vehicle or Homemade
 MV2673 9/2012 s.342.07 Wis.Stats. Trans Rule 149

Wisconsin Department of Transportation
 http://wisconsindot.gov

This form must be completed and submitted when vehicle is inspected. See below for major parts list.

Owner Legal Name (Last, First, MI OR Business Name) Print					Vehicle Year	Vehicle Make	Vehicle Model
Vehicle Identification Number (VIN #)							
Salvage Title Number	From (State)	Wisconsin Dealer # MV	Wisconsin Dealer Name			Vehicle for Resale <input type="checkbox"/> YES <input type="checkbox"/> NO	

Major Parts: s.943.23(1)(b) Wis. Stats.

Engine, transmission, each door, hood, grille, each bumper, each front fender, deck lid, tailgate or hatchback, each rear quarter panel, trunk floor pan, frame or supporting structure which serves as the frame, any part not listed which has a value exceeding \$500.00

PART TYPE	YEAR	MAKE	PART NUMBER	VIN # OF THE VEHICLE FROM WHICH THE PART WAS OBTAINED
ENGINE				
TRANSMISSION				
HOOD				
GRILL				
DOOR (EACH)				
BUMPER				
CLIP				
FENDER (EACH)				
DECK LID/TAILGATE/HATCHBACK				
REAR QRTR PANEL (EACH)				
TRUNK FLOOR PLAN				
FRAME/UNIBODY				
OTHER:				
OTHER:				
OTHER:				
OTHER:				
OTHER:				
OTHER:				
OTHER:				
OTHER:				

- I have not changed any of the major parts of this vehicle.
- I have changed the major parts listed above. Attach a bill of sale for each part listed. **See below for definition.**

Definition: "Bill of Sale" means a document describing a vehicle or the major part of a vehicle, including the year and make of the vehicle or the name of the major part, the identification number of the vehicle or the vehicle from which the major part was obtained, date of acquisition, the signature of the person selling or disposing of the vehicle or major part, the name of the person acquiring the vehicle or major part, and the monetary equivalent of the vehicle or major part.

X

 (Owner/Authorized Agent Signature) Date (m/d/yy)

Agent Assignment

If you are represented by an agent when your vehicle is inspected complete the information below.

The following person is appointed to act as my agent for the inspection of the vehicle described below. My agent is required to sign the inspection statement when the inspection is completed.

Agent Name (Last, First, MI) Print					Vehicle Year	Vehicle Make	Vehicle Model
Vehicle Identification Number (VIN #)							

X

 (Owner Signature) Date (m/d/yy)