

TOTAL LOSS STATEMENT

North Dakota Department of Transportation, Motor Vehicle
SFN 53386 (4-2020)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVEARD AVE
BISMARCK ND 58505-0780
Telephone (701)328-2725
Website: <https://dot.nd.gov>

THIS WILL CERTIFY THAT

Owner		Telephone Number	
Mailing Address	City	State	ZIP Code

Received compensation for the following vehicle:

Year	Make	Vehicle Identification Number		
Which was a total loss as a result of an incident/crash occurring on:		Month	Day	Year
Claim Number (Required)		Date of Payment (Required)		

NOTE: Credit can be claimed no more than three years from date compensation was received.

TOTAL LOSS PAID TO CUSTOMER PLUS DEDUCTIBLE	
OWNER RETAINED SALVAGE?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NOTE: If additional monies (ex: Excise Tax) paid to customer, please attach itemization.

Name of Insurance Company		
Address		
City	State	ZIP Code
Telephone Number		

FOR MVD USE ONLY	
NOTE: You must retain this form to obtain future credit.	
CREDIT USED	
CREDIT REMAINING	
CREDIT MUST BE USED BY	
APPROVED BY	
Last 8 of VIN	Title Number
CREDIT USED	
CREDIT REMAINING	
CREDIT MUST BE USED BY	
APPROVED BY	
Last 8 of VIN	Title Number
CREDIT USED	
CREDIT REMAINING	
CREDIT MUST BE USED BY	
APPROVED BY	
Last 8 of VIN	Title Number

Name (Type or Print)	Signature of Authorized Agent (sign before a Notary Public or Authorized Officer)
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Acknowledgement

State of	
County of	
Signed and sworn to (or affirmed) before me on this day _____ (month, day, year)	
Name of Notary Public or other Authorized Officer (Type or Print)	Affix Notary Stamp
Signature of Notary Public or other Authorized Officer	
Commission Expiration Date (if not listed on stamp)	