

LOCAL GOVERNMENT REIMBURSEMENT FOR INOPERABLE VEHICLE DISPOSITION

Local governments use this form to track and certify the disposition of, and request reimbursement for, the disposition of inoperable Purpose:

vehicles located within the locality (Virginia Code § 46.2-1207). All other vehicle dispositions are reported using the Vehicle Removal

Certificate (VSA 40).

Instructions: Submit this form to DMV to certify and report the removal and disposition of an inoperable motor vehicle either from the vehicle owner's

property, or from property within the locality where it was abandoned, and to request reimbursement for such vehicle as provided in Virginia Code 8.46.2.1207. Follow full instructions on the back of this form

Virginia Code § 46.2-1207. Follow full instructions on the back of this form.									
1. VEHICLE INFORMATION									
VEHICLE YEAR VEHICLE	MAKE	VEHICLE MODE	L		VEHICLE IDENTI	FICATION NUM	BER (VIN)		
VEHICLE LOCATION (street	address or nearest intersection,	landmark, etc.)	CITY			STATE VA	ZIP CODE		
VEHICLE TYPE	TO MOTORCYCLE	TRAILER	☐ TRUCK	OTHER		<u>.</u>			
CHECK ONE: INOPERABLE VEHICLE WAS REMOVED FROM THE VEHICLE OWNER'S PROPERTY WITHIN THE LOCALITY. INOPERABLE VEHICLE WAS ABANDONED AND REMOVED FROM PUBLIC OR PRIVATE PROPERTY WITHIN THE LOCALITY.									
2. PROPERTY OWNER/AUTHORIZED AGENT INFORMATION AND CERTIFICATION									
Complete this section ON	ILY if vehicle location listed a	bove is private p	property.						
PROPERTY OWNER/AUTH	ORIZED AGENT NAME (print)					TELEPHONE N	IUMBER		
I certify and affirm that all information presented in this section is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.									
PROPERTY OWNER/AUTHO	PROPERTY OWNER/AUTHORIZED AGENT SIGNATURE						DATE (mm/dd/yyyy)		
3. TOWING INFORMATION AND CERTIFICATION									
The vehicle described →	LICENSED VEHICLE REMOVE	ER'S COMPANY N	IAME	E	BTRO LICENSE NU	JMBER (or tow t	ruck plate number)		
ADDRESS			CITY			STATE VA	ZIP CODE		
OPERATOR NAME (print)			TOWING COM	IPANY REPRE	SENTATIVE NAME		ent than operator)		
I certify and affirm that I obtained approval at the time the vehicle was towed in accordance with Virginia Code § 46.2-1232. I further certify and affirm that all information presented in this section is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.									
TOWING COMPANY REPRESENTATIVE SIGNATURE						DATE (mm/dd/	уууу)		
4. LOCALITY INFORMATION AND CERTIFICATION (CITY, COUNTY OR TOWN)									
AUTHORIZED OFFICIAL'S NAME (print)					LOCALITY NAME (city, county or town)				
AUTHORIZED OFFICIAL'S T	TITLE .					TELEPHONE N	NUMBER		
AUTHORIZED DEMOLISHE	R NAME (print)			DEMOLISHE	ER NUMBER				
As required by Virginia Code § 46.2-1207, I certify that (check one): The vehicle described above is inoperable and abandoned, was left on property within the locality identified herein, and has been disposed of as provided in Virginia Code § 46.2-1205. The vehicle described above is inoperable, has been removed from the above identified vehicle owner's property, and disposed of by the locality, or its authorized agent, identified herein. I also certify that possession of the inoperable vehicle was transferred to the registered demolisher identified on page 2. I further certify and affirm that all information presented in this section is true and correct, that any documents I have presented to DMV are genuine, and that the information included in all supporting documentation is true and accurate. I make this certification and affirmation under penalty of perjury and I understand that knowingly making a false statement or representation on this form is a criminal violation.									
SIGNATURE	S. Toprosonitation on this lon	o a ominida vi				DATE (mm/dd/	уууу)		
							• •		
DMV HQ USE ONLY									
Is the vehicle identification	n number (VIN) on the custo			ES NC)				
Is the vehicle currently reg		NO	Is the vehicle reco			NO			
	viously entered as demolished			SA 40A attach		NO			

	5. DEMOLISHER/SCRAP METAL I	PROCESSOR INFORMATION AND	CERTI	FICATION				
DEMOLISHER	SCRAP METAL PROCESSOR COMPANY NAME	DATE VEHICLE ACQUIRED (mm/dd/yyyy)	DEM	OLISHER NUMBER				
CHECK ONE C	OF THE FOLLOWING OR STAMP THE BLANK SPACE BE	 ELOW WITH APPROVED MERCURY SWITCH STA	MP:					
	ury switches have been removed from the vehicle,			e was not manufactured with				
impractica	ury switches could not be removed from the vehicle al, unreasonable or unsafe.	· · · ·						
any documen	he vehicle has been demolished/scrapped. I furthe its I have presented to DMV are genuine, and that to on and affirmation under penalty of perjury and I un tion.	the information included in all supporting docu	mentation	n is true and accurate. I make				
SIGNATURE		DATE (mm/dd/yyyy)		TELEPHONE NUMBER				
		INSTRUCTIONS						
incomplete	must have a valid and legible Vehicle Identifi or missing VINs. Reimbursement will not be or for vehicles received from dealers engaged	ication Number (VIN). Reimbursement w made to any locality for vehicles acquired	d from so					
Section 1:	The property owner, owner's authorized agent or licensed vehicle remover completes this section. DMV must receive the original VSA 122 form.							
Section 2:	ion 2: The property owner or authorized agent (if vehicle was removed from private property) signs this section.							
Section 3:	The licensed vehicle remover completes and signs this section. DMV must receive the original VSA 122 form.							
Section 4:	The authorized official from the locality completes this section. If the locality transfers the vehicle to a registered demolisher, a copy of this form (VSA 122) and an AVP receipt if the vehicle was processed through DMV's Online Abandoned Vehicle Process, must be provided to the demolisher. Localities applying for reimbursement must submit the original, signed VSA 122 to DMV.							
Section 5:	The demolisher/scrap metal processor comp manufactured home was demolished or scra							
	Manual Reporting of Vehicle Disposition Licensed demolishers or scrap metal proces §46.2-1608.2, return the original VSA 122 for Virginia Department of Motor Vehicles Data Integrity Room 516 Post Office Box 27412 Richmond, Virginia 23269-0001 NOTE: A copy of this VSA 122 form must be requirements in VA Code §46.2-12	ssors, who do not report vehicle disposition and applicable documents as require as require be retained by the demolisher/scrap meta	d to DM	V at the following address:				
	Electronic Reporting of Vehicle Disposition Licensed demolishers or scrap metal process \$46.2-1608.2 shall retain the original VSA 12 required), on file in a secure location for at least the theorem in the secure files are subject to inspection by law-	ssors who report vehicle disposition elect 22 form, proof of ownership document(s) east five years in accordance with the red	and app	olicable DMV forms (as				
COMMEN	TS (Use the area below to enter any add	itional information.)						