



NOTIFICATION OF UNFIT VEHICLE

DATE: _____ CLAIM NUMBER: _____

ESTIMATOR: _____ PLATE NUMBER: _____

REGISTERED OWNER: _____

VEHICLE DESCRIPTION:

YEAR: _____ MAKE: _____ MODEL: _____

VIN: _____

The above noted vehicle appears to have defects that may make it unfit for highway use. These defects are identified in the following component(s)/ systems**:

COMPONENT: _____

LOCATION: _____

REASON: _____

COMPONENT: _____

LOCATION: _____

REASON: _____

COMPONENT: _____

LOCATION: _____

REASON: _____

***A complete inspection of this vehicle has not been completed. If additional defects are identified, they must be repaired.*

IMPORTANT INFORMATION:

In the interest of public safety, this information is being forwarded to the Vehicle Safety Department. Your vehicle may be required to undergo safety inspections as proof of repair to ensure it is in safe operating condition. Should this occur, you will receive separate notification from Vehicle Safety advising you of the inspection requirements. Defects identified during the inspection process must be repaired within 30 days or the vehicle registration may be subject to suspension.

FOR OFFICE USE ONLY:

MARGINAL REPAIR

COMPOUND ESTIMATE