TOTAL LOSS STATEMENT

North Dakota Department of Transportation, Motor Vehicle Division
SFN 53386 (Rev. 07-2009)

608 E Boulevard Ave Bismarck ND 58505-0780
Telephone (701) 328-2725 **Web site**: www.dot.nd.gov

THIS WILL CERTIFY THAT

Owner	Daytime Telephone Number		
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 accident 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.

FOR MVD USE ONLY

TOTAL LOSS AMOUNT $ _____

LESS DEDUCTIBLE $ _____

LESS RETAINED SALVAGE $ _____

AMOUNT PAID TO OWNER $ _____

Name of Insurance Company		
Address		
City	State	Zip Code
Telephone Number		

X _____ _____
Signature of Authorized Agent Date

State of _____

County of _____

Subscribed and sworn to before me this _____ day of _____, _____.

X _____
Signature of Notary Public

SEAL

My Commission Expires _____