



ABANDONED VEHICLE SAFETY AFFIDAVIT NRS 487.20

A VEHICLE LABELED FOR "OFF-ROAD USE ONLY" MAY NOT BE CONVERTED FOR ON-ROAD USE WITH THE EXCEPTION OF AN OFF HIGHWAY TWO-WHEELED MOTORCYCLE (REFERENCE FORM VP-254).

Instructions

This form is only to be used when submitting a lien sale packets for abandoned vehicle and bypass the salvage title requirements.

- All parts of this form must be completed.
- A Nevada Registered Garage, Licensed Nevada Body Shop or Rebuilder must complete Part I.
- A Nevada DMV Agency Representative must complete part II.
- A vehicle intended for "on-road" use by the manufacturer will be labeled stating FMVSS and EPA standards have been met.
- All inspection items must be checked "PASS" indicating the items is in a safe operating condition before this vehicle can be registered and/or titled.
- This form is not used for conversions. Reference Form VP-254 for an Off-Highway Two-Wheeled Motorcycle Conversion Form.
- OWNERSHIP DOCUMENTS MUST ACCOMPANY THIS FORM.

IMPORTANT- A new form and inspection must be completed if any inspection items are marked fail, not marked, improperly marked or if corrections were made to the form.

PART I SAFETY INSPECTION

Must be completed by a Nevada Registered Garage, Licensed Nevada Body Shop or Rebuilder

The work performed on the vehicle must meet the standards of the manufacturer for mechanical fitness and safety.

Year _____ Make _____ Model _____ Type _____

Vehicle Identification Number (VIN)

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Important: Adding the equipment listed below will not qualify a vehicle labeled by the manufacturer for OFF-ROAD USE ONLY, to be registered for on-road use

Check (✓) Appropriate Boxes

	PASS	FAIL	N/A		PASS	FAIL		PASS	FAIL	N/A
Windshield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Headlights	<input type="checkbox"/>	<input type="checkbox"/>	Horn	<input type="checkbox"/>	<input type="checkbox"/>	
Side Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Taillights	<input type="checkbox"/>	<input type="checkbox"/>	Muffler	<input type="checkbox"/>	<input type="checkbox"/>	
Rear Glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Turn Signals	<input type="checkbox"/>	<input type="checkbox"/>	Mudguards (over 26,000 lbs.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mirrors	<input type="checkbox"/>	<input type="checkbox"/>		Parking Lights	<input type="checkbox"/>	<input type="checkbox"/>	Windshield Wipers	<input type="checkbox"/>	<input type="checkbox"/>	
Steering	<input type="checkbox"/>	<input type="checkbox"/>		Brake Lights	<input type="checkbox"/>	<input type="checkbox"/>	Emergency Brake	<input type="checkbox"/>	<input type="checkbox"/>	
Air Bags	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Brakes	<input type="checkbox"/>	<input type="checkbox"/>	Safety Belts, Shoulder Harness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Frame	<input type="checkbox"/>	<input type="checkbox"/>		Bumpers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	
Other (explain) _____								<input type="checkbox"/>	<input type="checkbox"/>	

Before signing below, all items must be marked "pass" indicating the items are in a safe operating condition. N/A may apply to air bags, mudguards, reflectors, and safety belts/shoulder harness only if the item was not original equipment. N/A may apply to glass and windshield if not present; if present must be proper safety glass.

Please Print or Type

Legal Business Name _____
Name DMV Business License or Registration Number

Address _____
City State Zip Code

By signing this document, I certify the described motor vehicle is mechanically safe to operate and is equipped with all required devices necessary for safe operation upon the highway. I further certify that if repaired, the passenger restraint devices (as applicable), to include seat belts and/or airbags, were repaired pursuant to Title 49 CFR 571.209, Standard 209, and Title 49 CFR 571.208, Standard 208, respectively, and have been satisfactorily repaired to the applicable standards of the manufacturer and the motor vehicle repair industry.

Printed Full Legal Name of Affiant

Signature and Position

Date

PART II COMPLETED BY AN AUTHORIZED NEVADA DMV REPRESENTATIVE

VIN indicated in Part I Verified

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Odometer Reading (as shown on apparatus)

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 NO TENTHS

If the vehicle's odometer apparatus only displays five (5) numbers, please put an X in the first box.

- 1. The mileage stated is in excess of its mechanical limits.
- 2. The odometer reading is not the actual mileage. **WARNING-ODOMETER DISCREPANCY**
- 3. Exempt- Model year over 20 years old
- This vehicle was restored prior to authorization. The undersigned is authorizing restoration after the fact on this form in lieu of form VP-209

Additional comments: _____

Printed Name of Nevada DMV Agency Representative

Signature of Nevada DMV Agency Representative

ID NO.

Date