



REQUEST FOR VEHICLE DISPOSAL

DATE (YYYY/MM/DD)

VI No. -

I request the registration of the motor vehicle be transferred to me.

The impoundment period for the impounded motor vehicle expired on _____
DATE (YYYY/MM/DD)

I am surrendering licence plates numbered _____ to the Superintendent of Motor Vehicles

I am not submitting licence plates to the Superintendent of Motor Vehicles for the following reason(s):

****If no plates are surrendered and no reason is given, the request for disposal will not be considered.**

Included with this request is a completed Statutory Declaration Vehicle Disposal Section 255(7) form (MV2704 -27/05/2016)

Legal Name Of Impound Lot

Date

Name of Lot Owner/Operator

Signature

Ministry of Public Safety and Solicitor General	RoadSafetyBC	PO BOX 9254 STN PROV GOVT VICTORIA BC V8W 9J2	Telephone: (250) 387-7747 Facsimile: (250) 356-6544
MV2709 (2017/01)		www.gov.bc.ca/roadsafetybc	