



ALABAMA DEPARTMENT OF REVENUE
MOTOR VEHICLE DIVISION

P.O. BOX 327640 • Montgomery, AL 36132-7640

www.revenue.alabama.gov

MVT 41-5
2/20

Affidavit of Acquisition and Disposition of a Non-Total Loss Vehicle by Insurance Company

This Affidavit Must Be Submitted As A Supporting Document When Applying For A Certificate Of Title.

NAME (TITLE OWNER)

ADDRESS		CITY	STATE	ZIP
VEHICLE IDENTIFICATION NUMBER		TITLE NUMBER AND STATE	TAG NUMBER AND STATE	
YEAR	MAKE	MODEL	BODY TYPE	COLOR
DATE OF LOSS			CLAIM NUMBER	

INSURANCE COMPANY

NAME OF INSURANCE COMPANY
ADDRESS
CITY STATE ZIP

ADJUSTING COMPANY (If Applicable)

NAME OF COMPANY
ADDRESS
CITY STATE ZIP

This is to certify that the insurance company listed above has acquired ownership of the vehicle described above due to an insurance settlement with the titled owner. This said vehicle was sold or re-assigned to:

NAME OF PURCHASER		DATE OF SALE		
ADDRESS		CITY	STATE	ZIP
LIENHOLDER (IF ANY)				
ADDRESS		CITY	STATE	ZIP

Signed by:

AUTHORIZED REPRESENTATIVE OF INSURANCE COMPANY

PRINTED NAME

DATE