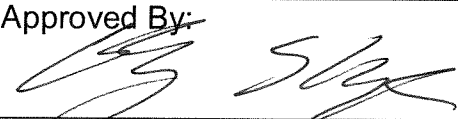




## POLICIES, PROCEDURES, AND GUIDELINES

Subject	Effective Date:	Page(s):
<b>Woolsey Fire Burned/Destroyed Vehicles Identification and Removal Guidelines</b>	December 4, 2018	Page 1 of 2
	Approved By: 	

### Policy

The Los Angeles County Health Officer's Order dated November 12, 2018, and the Woolsey Fire emergency ordinance (2018-0056-U) requires owners of damaged structures to receive approval from the County to remove any fire-related ash and structural debris. This ordinance also applies to appliances and vehicles, which must be handled properly to meet the requirements of metals recycling facilities. Vehicle identification numbers must also be documented.

### Guidelines

Burned vehicles shall be considered burned hulks per Department of Motor Vehicles (DMV) regulations and may be drained of fluids on site or at an approved metal recycling facility.

Property owners who have submitted a Local Program application are responsible for identifying an approved contractor/hauler appropriately licensed for removing destroyed/burned vehicles. The property owner/contractor is to provide the name of the recycling facility as well as the Vehicle Identification Number (VIN) of the destroyed/burned vehicle(s). In addition, the property owner must submit DMV Form REG 256 as follows:

- Form REG 256: Statement of Facts to be submitted by owner- this form is to be filled out by the owner of the vehicle, per DMV's instructions. Owner of vehicle is to:
  - write/type in the top right corner of form: Burned Vehicle
  - fill out vehicle description on top portion of both pages- License Plate/CF Number, Vehicle/Vessel ID Number, and Year/Make
  - fill out Section G. Statement of Facts- in this area the owner is to indicate that the vehicle was burned/destroyed by the Woolsey Fire and any pertinent information they may feel is important to detail here
  - fill out Section H. Applicant's Signature- owner is to complete this portion, date, and sign

- owner is to submit completed form to either 1) their local DMV office; 2) fax to the Technical Compliance Section (TCS) directly at (916) 657-6763; or 3) mail their completed form to:

Department of Motor Vehicles, Technical Compliance Section  
P.O. Box 94869 MS C271  
Sacramento, CA 94269-0001

A copy of the completed DMV Form REG 256 is to be submitted via e-mail to [woolseyfire@dpw.lacounty.gov](mailto:woolseyfire@dpw.lacounty.gov); or it may be hand delivered to the County Building and Safety District Office - Calabasas, located at 26600 Agoura Road, Suite 110, Calabasas, California 91302.

### **Transportation and Disposal of Vehicles**

Vehicles shall be removed by the Contractor through a covered vehicle transporter or low bed. Per the Guidelines stated in the Local Program Application, an approved hauler appropriately licensed for the material transported will need to perform such work. This includes metal debris, and the material must be wetted and fully encapsulated with 10-millimeter plastic ("burrito wrap" method); the load should be covered with a tarp with six points of positive connection for transport and ultimate disposal. Section 4.0 of the Local Program Application also states that metals shall be removed from the site and disposed of properly, and vehicles will be handled properly to meet the requirements of metal recycling facilities.

Upon completion of cleaning up the fire debris and any demolition, please submit a "Property Clean-up Completion Certification" with all supporting documentation including the amount of each material removed, location where material was disposed, and testing results (if applicable) to the Los Angeles County Department of Public Works for processing. Completion certifications may be submitted at the County Building and Safety District Office - Calabasas, located at 26600 Agoura Road, Suite 110, Calabasas, California 91302; or via e-mail to [woolseyfire@dpw.lacounty.gov](mailto:woolseyfire@dpw.lacounty.gov).

The application and certification are available via the Debris Removal portal of the County Website: [lacounty.gov/LACountyRecovers](http://lacounty.gov/LACountyRecovers). For additional information, please contact the Debris Removal Hotline at **(626) 979-5370**.



## STATEMENT OF FACTS

**Complete the appropriate section(s) in full (including vehicle description) and sign Section H.**

LICENSE PLATE/CF NUMBER	VEHICLE/VESSEL ID NUMBER	YEAR/MAKE
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### A. STATEMENT FOR USE TAX EXEMPTION

**This transfer is exempt from use tax because it is a:**

- Family transfer sold between a parent, child, grandparent, grandchild, spouse, domestic partner, or siblings (if both are minors related by blood or adoption).
- Addition or deletion of family member (spouse, domestic partner, parent[s], son/daughter, grandparents, grandchildren).
- Gift (does not include vehicles traded between individuals, transfer of contracts or other valuable consideration).
- Court Order                       Inheritance

**NOTE: The Use Tax Exemption cannot be claimed if the vehicle/vessel being transferred was purchased from an otherwise qualifying relative who is engaged in the business of selling the same type of vehicle/vessel.**

The current market value is: \$ \_\_\_\_\_ .

### B. STATEMENT FOR SMOG EXEMPTION

**The vehicle does not require a smog certification for transfer of ownership because:**

- The last smog certification was obtained within the last 90 days.
- It is powered by:     electricity     diesel     Other \_\_\_\_\_.
- It is located outside the State of California. (Exception: Nevada and Mexico)
- It is being transferred from/between:
  - The parent, grandparent, child, grandchild, brother, sister, spouse, or domestic partner (as defined in Family Code §297) of the transferee.\*
  - A sole proprietorship to the proprietor as owner.\*
  - Companies whose principal business is leasing vehicles. There is no change in lessee or operator.\*
  - Lessor and lessee of vehicle, and no change in the lessee or operator of the vehicle.\*
  - Lessor and person who has been lessee's operator of the vehicle for at least one year.\*
  - Individual(s) being added as registered owner(s).\*

\* Does not require smog certification unless Biennial Smog is required.

### C. STATEMENT FOR TRANSFER ONLY OR TITLE ONLY

**This vehicle has not been used or parked on a street or highway or off-highway. I am applying for a:**

- Transfer Only**       **Title Only**

The vehicle is not currently registered. It has not been driven, moved, towed, or left standing on any California public highway to cause registration fees to become due. It was not transported over any California public highway or operated within California to cause off-highway fees to become due. Appropriate registration will be obtained before the vehicle is operated.

### D. WINDOW DECAL FOR WHEELCHAIR LIFT OR WHEELCHAIR CARRIER

Enter your Disabled Person License Plate, or Disabled Veteran License Plate, or Permanent Disabled Person Parking Placard number below:

DISABLED PERSON PLATE	DISABLED VETERAN PLATE	PERMANENT DISABLED PERSON PLACARD
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**The vehicle to which my Window Decal will be affixed is:**

LICENSE NUMBER	VEHICLE MAKE	VEHICLE ID NUMBER
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**Mail to:**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

## STATEMENT OF FACTS

Complete the appropriate section(s) in full (including vehicle description) and sign Section H.

LICENSE PLATE/CF NUMBER	VEHICLE/VESSEL ID NUMBER	YEAR/MAKE
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### E. STATEMENT FOR VEHICLE BODY CHANGE (OWNERSHIP CERTIFICATE REQUIRED)

The current market value of the vehicle or vessel is: \$ \_\_\_\_\_ .

Changes were made at a cost of \$ \_\_\_\_\_ on this date \_\_\_\_\_ .

**This is what I changed: Check all that apply:**

- Unladen Weight changed because \_\_\_\_\_ (Public Weighmaster Certificate is required. Exception: Trailers)
- Motive Power changed from \_\_\_\_\_ to \_\_\_\_\_ .
- Body Type changed from \_\_\_\_\_ to \_\_\_\_\_ .
- Number of Axles changed from \_\_\_\_\_ to \_\_\_\_\_ .

### F. NAME STATEMENT (OWNERSHIP CERTIFICATE REQUIRED)

*Please print*

- I, \_\_\_\_\_ and \_\_\_\_\_ are one and the same person.
- My name is misspelled. Please correct it to: \_\_\_\_\_
- I am changing my name from \_\_\_\_\_ to \_\_\_\_\_

### G. STATEMENT OF FACTS

I, the undersigned, state:

### H. APPLICANT'S SIGNATURE

**I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.**

PRINTED LAST NAME	FIRST NAME	MIDDLE NAME	DAYTIME PHONE NUMBER (      )
SIGNATURE			DATE

**X**