

## **Bill of Sale**

Office Use Only

Title and Registration Bureau

P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431

Phone (406) 444-3661 Fax (406) 444-0116

• mvdtitleinfo@mt.gov

	*** Th	is form must be completed in it	ts enti	rety	1. ***		
As recorded of	on this form, I received	the sum of				dollars	
(\$							
Purchaser _	rchaser DL/FEIN/Tribal ID/Corp ID*						
Address							
my right, title	e and interest to the fol	lowing described vehicle/vessel:					
Year	Make	Model		Style			
Vehicle/Hull I		License Plate No.					
Salvage	e vehicle (must l	be 15 years old or older):	Y6	es	□ No	0	
Sold for	r parts only: Yes	s No		<u> </u>			
Odometer S	Statement						
The (check on	ne) □five or □six digit o	odometer now reads (no tenths) reflects the actual mileage <b>unless one</b>					
DO NOT ( UNLESS API	CHECK	neter reading reflects the amount of mileaneter reading is not the actual mileage. <b>W</b>	eage in e Narning	exces g – o	ss of its	s mechanical limits. er discrepancy.	
_ I (purchaser)	am aware of the odom	neter certification made by the seller ab	bove.	_	_		
Purchaser's s		Date					
Durchacaria r	This is my legal	_					
Electronic ti (2), I certify th		it if electronic record transfer is rec	quirea	in acc	cordance	e with MCA 61-3-220(1)(a) &	
• I am no	ot in possession of the title.						
	e owner of this vehicle and not previously transferred t	I I authorize the transfer to the above-name to another person for sale.	ed purch	iaser.			
I further ce							
		/vessel described above and will warrant an party noted on the Montana title application		d the	title aga	ainst the claims and demands	
<ul> <li>Under p</li> </ul>	penalty of law (MCA 45-7-2	203), I certify that the statements made and	d informa				
	to the best of my knowledger trust, I have full authority	ge, information, and belief; I am the person y to do so.	n nameu	on tr	is torm	; and, it signing for a business	
Seller's signa	ature				_ Da <sup>1</sup>	te	
	This is my legal signa	ature (All owners must sign)					
Seller's printed name  If signing for a business entity, give full entity name  DL/FEIN/Triba						p ID*	
Address	II Slyming for a	business entity, give rull entity marile					
	iver License No.; FEIN=Federa	al Employee Identification No.; Tribal ID=Tribal Ide	dentification	on Car	d No.; Co	orp ID=Corporate Identification No.	
Notary Use	e Only:			-		<u>. ·                                     </u>	
State of	County of	Signed before me on (date)		Notary	y Stamp/S	Seal	
by (clearly print	name of person signing form)						
Notary signature							