

Bill of Sale

Office Use
Only

Vehicle Services Bureau

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

Phone (406) 444-3661

Fax (406) 444-0116

• mvdtitleinfo@mt.gov

*** This form must be completed in its entirety. ***

As recorded on this form, I received the sum of _____ dollars

(\$ _____) and other valuable consideration to sell, transfer and deliver to

Purchaser _____ DL/FEIN/Tribal ID/Corp ID* _____

Address _____

my right, title and interest to the following described vehicle/vessel:

Year _____ Make _____ Model _____ Style _____

Vehicle/Hull Identification No. _____ License Plate No. _____

Salvage vehicle (must be 15 years old or older): Yes No

Sold for parts only: Yes No

Title Available: Yes No, I certify the vehicle is not in "mechanically functional" condition and the current value is \$ _____ dollars. (Mechanically functional means needing only minor reconditioning.)

Odometer Statement

The (check one) five or six digit odometer now reads (no tenths) _____ miles, date read _____ and to the best of my knowledge it reflects the actual mileage **unless one of the following statements is checked:**

DO NOT CHECK UNLESS APPLICABLE The odometer reading reflects the amount of mileage in **excess of its mechanical limits.**
 The odometer reading is not the actual mileage. **Warning – odometer discrepancy.**

I (purchaser) am aware of the odometer certification made by the seller above.

Purchaser's signature _____ Date _____
This is my legal signature

Purchaser's printed name _____

Electronic title acknowledgement if electronic record transfer is required in accordance with MCA 61-3-220(1)(a) & (2), I certify that:

- I am not in possession of the title.
- I am the owner of this vehicle and I authorize the transfer to the above-named purchaser.
- I have not previously transferred to another person for sale.

I further certify that:

- I have the right to sell the vehicle/vessel described above and will warrant and defend the title against the claims and demands of all persons except the secured party noted on the Montana title application.
- Under penalty of law (MCA 45-7-203), I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so.

Seller's signature _____ Date _____
This is my legal signature (All owners must sign)

Seller's printed name _____ DL/FEIN/Tribal ID/Corp ID* _____
If signing for a business entity, give full entity name

Address _____

*DL=Driver License No.; FEIN=Federal Employee Identification No.; Tribal ID=Tribal Identification Card No.; Corp ID=Corporate Identification No.

Notary Use Only:			
State of	County of	Signed before me on (date)	Notary Stamp/Seal
by (clearly print name of person requesting notary service)			
Notary signature			