



Vehicle Services Bureau

Bill of Sale

Office Use
Only

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			

Montana county and state authorities reserve the right to reject any form that has been altered.
This form is available in alternate formats for people with disabilities.