



# Bill of Sale

Office Use  
Only

1003 Buckskin Drive, Deer Lodge, MT 59722-2375 • Phone (406) 846-6000 Fax (406) 846-6039 • [mvdtitleinfo@mt.gov](mailto: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 5 years or older): Yes  No

**Sold for parts only:** Yes  No

### 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 title 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 Unsworn Falsification to Authorities**) the statements made on this form are true and correct to the best of my knowledge, information and belief, and if signing for a commercial entity, I have full authority to do so.

Seller's signature \_\_\_\_\_ Date \_\_\_\_\_  
This is my legal signature (All owners must sign).

Seller's printed name \_\_\_\_\_  
If signing for a commercial entity, give full entity name

**Notary:** State of \_\_\_\_\_ Subscribed and affirmed to before on (date) \_\_\_\_\_  
County of \_\_\_\_\_ by \_\_\_\_\_

\_\_\_\_\_  
Name of person appearing before me

Notary Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title or Rank \_\_\_\_\_

Notary for the State of \_\_\_\_\_

Residing at \_\_\_\_\_

My Commission Expires \_\_\_\_\_

(seal)