

INSTRUCTIONS: 1. Complete in blue or black ink or print form.

	VEHICLE OR WATERCRAFT INFORMATION																
	Vehicle or Hull Identification Number																
		Ye	ar			Make							Model				
Overall Length of Vessel State of Pr (Watercraft only) (Wate						pal Operati aft only)	on	(11	Registration Number (If applicable, watercraft only)				Date of Issuance (mm/dd/yyyy) (Watercraft only)				
Propulsion Type (Please check one, watercraft only)																	
	Air	Thrust		☐ Manu	al	☐ Propeller ☐ Sail [☐ Wate	Water Jet Other				
	SALE INFORMATION																
Purcha	se Price	•						C	ate of Sale	e (mm/do	l/yyyy)						
sale p seller	I do hereby sell, transfer and convey all rights for the above vehicle / watercraft to the purchaser in consideration of the sale payment amount. I certify that the vehicle / watercraft is not subject to any liens that are the responsibility of the seller. I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.																
Signature of Seller													Date (mm/dd/yyyy)				
Printed Name of Seller (last, first, middle initial or company name)																	
Signature of Seller													Date (mm/dd/yyyy)				
Printed	Printed Name of Seller (last, first, middle initial or company name)																
Addres	Address of Seller (number and street)																
City								S	State				ZIP Code				
I swear or affirm that the information entered on this form is correct. I understand that making a false statement may constitute the crime of perjury. I understand that this Bill of Sale may serve as a temporary certificate of number for a watercraft. This temporary certificate of number is valid for a period of time not to exceed forty-five (45) days from the date of sale contained within this form.																	
Signature of Purchaser													Date (mm/dd/yyyy)				
Printed	Printed Name of Purchaser (last, first, middle initial or company name)																
Signature of Purchaser													Date (mm/dd/yyyy)				
Printed	l Name	of Purchas	ser (last,	first, midd	dle initia	l or compai	ny name)				L					
Addres	s of Pur	chaser (n	umber aı	nd street)													
City								State					ZIP Code				