



Bill of SaleIdaho Transportation Department

Vehicle or Hull Identification Number (1 st)								Title Number						
Vehicle Identification Number (2 nd) See Note*						Wei	ght	Full Length and Width						
Vehicle Year						Description								
*Note: Second	VIN should be provided	for most moto	or homes	and mus	t be ente	red fo	or double-wide	mobile ar	nd ı	manufactured ho	omes	•		
Brands:	Rebuilt Salvage	☐ Previou	s Branc	d 🗆	Recons	struc	ct 🗌 Re	paired		Other				
Odometer Reading (No Tenths) Actual Miles Not Actual Exceeds Mechanical Limits No Odometer														
Seller's Full Legal Printed Name						Buyer's Full Legal Printed Name								
Physical Address						Idaho Driver's License Number or SSN / EIN if Business								
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City State					de	Physical Address								
Mailing Address (If different than physical address)						City State Zip Code					Zip Code			
City				State Zip Code			Mailing Address (If different than physical address)							
Daytime Phone Number						City State Zip Code								
True Selling Price Sale Date \$					Daytime Phone Number									
New Lienholder	Name or "None"				Address									
City						State				State	Zip Code			
Seller I hereby sell the vehicle described above for the selling price indicated. I certify that the odometer reading given is accurate to the best of my knowledge. I also certify that I have disclosed to the buyer all known brands associated with this vehicle. I understand that I must file a release of liability statement within five days of delivering the vehicle to the buyer. I also understand that listing a false selling price, name, or address on this form is a felony under Section 49-518(5), Idaho Code.														
Seller's Signature														
X														
Buyer I am aware of the odometer certification made by the seller and understand the seller must disclose any brands that have been placed on this vehicle. I also understand that I must apply for title within 30 days to avoid a penalty whether the vehicle is registered or not. Buyer's Signature														
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