

◆ This form should be completed in ink.

BILL OF SALE

Please select the appropriate box below:

Boat Snow ATV ORV ORM

I, (Seller Name) _____

Address/City/State _____

Transferred a _____ (Year) _____ (IA Registration) _____ (Make)

_____ (Model) _____ (Hull ID and/or VIN Number)

Year _____ CC: _____ Wt in Lbs _____ No of Wheels _____

Prev Title _____ Prev Reg (if any) _____

Color _____ Length _____ Width _____

BOAT ONLY INFORMATION BELOW:

Primary Operation: 1 <input type="checkbox"/> Pleasure 2 <input type="checkbox"/> Dealer or Manufacturer Demonstration 3 <input type="checkbox"/> Rent or Lease 4 <input type="checkbox"/> Official 5 <input type="checkbox"/> Commercial Passenger Carrying 6 <input type="checkbox"/> Commercial Fishing 7 <input type="checkbox"/> Other Commercial Operation 8 <input type="checkbox"/> Charter Fishing	Vessel Type: 1 <input type="checkbox"/> Cabin Motorboat 2 <input type="checkbox"/> Paddlecraft/Canoe 3 <input type="checkbox"/> Personal Watercraft 4 <input type="checkbox"/> Houseboat 5 <input type="checkbox"/> Pontoon 6 <input type="checkbox"/> Rowboat 7 <input type="checkbox"/> Open Motorboat 8 <input type="checkbox"/> Sail Only 9 <input type="checkbox"/> Other: _____ 10 <input type="checkbox"/> Paddlecraft/Kayak 11 <input type="checkbox"/> Auxillary Sail 12 <input type="checkbox"/> Air Boat 13 <input type="checkbox"/> Inflatable Boat	Hull Material: 1 <input type="checkbox"/> Aluminum 2 <input type="checkbox"/> Fiberglass 3 <input type="checkbox"/> Wood 4 <input type="checkbox"/> Steel 5 <input type="checkbox"/> Plastic 6 <input type="checkbox"/> Other: _____ 7 <input type="checkbox"/> Rubber/Vinyl/Canvas	Propulsion Type: 1 <input type="checkbox"/> Propeller 2 <input type="checkbox"/> Water Jet 3 <input type="checkbox"/> Sail 4 <input type="checkbox"/> Manual 5 <input type="checkbox"/> Air Thrust 6 <input type="checkbox"/> Other: _____	Engine Drive Type: 1 <input type="checkbox"/> Inboard 2 <input type="checkbox"/> Outboard 3 <input type="checkbox"/> Pod Drive 4 <input type="checkbox"/> Sterndrive 5 <input type="checkbox"/> Other: _____ 6 <input type="checkbox"/> None	Fuel: 1 <input type="checkbox"/> Gas 2 <input type="checkbox"/> Diesel 3 <input type="checkbox"/> Other: _____ 4 <input type="checkbox"/> Electric Capacity (from plate, if any): _____ persons Horsepower: _____ h.p. Toilet <input type="checkbox"/> Yes <input type="checkbox"/> No
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Sold to _____ (Buyer Name)

for \$ _____ on _____ (Date of Sale)
(Dollar Amount – MACHINES ONLY– NO TRAILER)

Buyers Address – City - State

Buyers/SELLERS Signature

DATE