VERMONT

DEALER APPRAISAL FORM

DEPARTMENT OF MOTOR VEHICLES
Agency of Transportation

120 State Street
Montpelier, Vermont 05603-0001
(voice) 802.828.2000
www.dmv.state.vt.us

To Vermont Registered Dealers: <u>This form must be completed in its entirety by the dealer.</u> The purpose of the appraisal is to establish a fair price for tax purposes. A vehicle that is inspectable and determined to be road worthy is considered to have a **<u>minimum value of $500 ($200 for trailers)</u>**. Any expense incurred is the responsibility of the owner or the person presenting the vehicle/vessel for your inspection.

- **To DMV Customers: To be considered eligible for a refund, this form must be completed and submitted to DMV within thirty (30) days from the date the vehicle/vessel was registered.**

OWNER INFORMATION:

Name: _____

Address: _____

VEHICLE/VESSEL IDENTIFICATION:

Make: _____ Model: _____ Year: _____

Body/Hull Type: _____ Vessel Length: _____ ft. _____ in.

Registration No.: _____ VIN/HIN No.: _____

Odometer Reading (Vehicle only)*: _____ MILES / KM/ HRS * Indicate actual numeric reading

VEHICLE/VESSEL CONDITION:

Windshield & Side Glass: (OK or list cracked or broken) _____

Body/Hull:	Excellent	☐	Good	☐	Fair	☐	Poor ☐
Tires:	Excellent	☐	Good	☐	Fair	☐	Poor ☐
Mechanical Condition:	Excellent	☐	Good	☐	Fair	☐	Poor ☐

Damaged Parts (Specify): _____

VEHICLE/VESSEL EVALUATION:

Salvage / Rebuilt / Totaled	Yes ☐ No ☐
Guide Book Value (NADA average trade-in)	$ _____
Deduct Cost of Reconditioning (to meet inspection standards only)	$ _____
Deduct for High Mileage (Vehicles Only) (**Do not deduct more than 40% of the NADA value**)	$ _____
Dealer's appraised value (Enter one amount only, **<u>minimum $500.00</u>**)	$ _____

I certify that the statements on this form are true and correct to the best of my knowledge. This declaration is made under penalties of 32 VSA § 8910 and 23 VSA §203.

Authorized Vermont Dealer Business Name: _____

Authorized Dealer Printed Name: _____

Vermont Dealer No.: _____ Dealer Phone No: _____

Authorized Dealer Signature: _____ Date: _____

THIS FORM VOID IF ALTERED, ILLEGIBLE OR NOT COMPLETED IN FULL.