



120 State Street Montpelier, Vermont 05603-0001 802.828.2000 dmv.vermont.gov

					In	dex #:		
Owner's Name			Co-Owner's	Co-Owner's Name				
Mailing Address (Street, Rd, Box Number)			Mailing Add	Mailing Address (Street, Rd, Box Number)				
City/Town	State	Zip	City/Town		State	Zip		
Phone			email					
Name of Purchaser		Address of Purch	aser					
		7.444.555 51.1 4151.1	<b>400</b> .					
Make	Model		Model Year	Body/Hull Style		Vessel Length		
						Feet	INCHES	
Vehicle/Vessel/ATV/Snowmobile Identification Number (VIN)					Title Number			
amount you are instructed t	, being the to surrender to	full balance d	ue on my/our	account, and	upon receipt a	and acceptance of	the above	
properly released and endo	rsed.							
To be completed only if the vehicle								
I/we certify that the motor ve	enicle/vessel/A	≀i V/snowmobile Salvaged			ared a total los	ss by an insurance	company	
<u> </u>		<u> Salvageu</u>	and Nebulit	■ Deci	ared a total los	ss by all illsurance	Company	
I certify that the statements 2082, 2083, 3829 and 3830		are true. This	declaration is	made under	penalties of 2	3 V.S.A. Sections	202, 203,	
Owner's signature		DATE						
Owner 3 signature					DAIL			
Co-owners signature					DATE			
· ·								
Dealer/insurance company	name							
Signature (authorized agent	t of dealer/incu	rance company	<i>(</i> )		DATE			
olghature (authorized agent	. or ucalci/iiisu	rance company	y )		DAIL			