



CERTIFICATION OF SALE OR TRANSFER FOR 1972 OR OLDER VEHICLES OR ANY OTHER NON-TITLED VEHICLES

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INSTRUCTIONS:

1. Print in ink or type all entries.
2. This certification is to be used if the vehicle is sold by a person other than a dealer. A dealer cannot use this form to sell a vehicle.
3. This certification must be accompanied by bills of sale showing continuity of ownership from all previous owners.

Note: This form must be accompanied by supporting documents which will not be accepted if there are any changes or alterations on them.

Name of Seller (Last, First, M.I.)				
Mailing Address (Number and Street)				Apt. #
City or Post Office		County	State	Zip Code
Year of Last Registration	State of Last Registration	Plate No.		
Name of Last Registrant or Previous Owner (Last, First, M.I.)				
Address of Last Registrant (Number, Street, Apt. #, City, State, and Zip Code)				

PURCHASER: Before purchase, be sure you find out if there are any liens on it. One way to do this is to contact your County Clerk's Office

Name of Purchaser (Last, First, M.I.)				
Mailing Address (Number, Street, Apt. #)				
City or Post Office		County	State	Zip Code
				Date of Purchase

VEHICLE DESCRIPTION		
Year	Make	Vehicle Identification Number
<input type="checkbox"/> Gas <input type="checkbox"/> Propane <input type="checkbox"/> Electric <input type="checkbox"/> Flex <input type="checkbox"/> Diesel <input type="checkbox"/> CNG		
Body Type	Color	Maximum Performance Speed of Motorcycle
Unladen Weight	Cylinders	
Lbs.		

VEHICLE INSPECTION
Date of Last Inspection
Inspection Sticker Number
Station Number

CERTIFICATION OF SELLER
I certify that I am the owner of the vehicle described on this form, and that I have sold this vehicle to the purchaser named on the form.
_____ (Sign Name in Full – If Not Individual Seller, Give Title) _____ (Date)

CERTIFICATION OF PURCHASER
I certify that I have purchased the vehicle described on this form from the seller named on the form.
_____ (Sign Name in Full – If Not Individual Purchaser, Give Title) _____ (Date)

