



BILL OF SALE

State Form 44237 (R5 / 4-21)

INDIANA BUREAU OF MOTOR VEHICLES

INSTRUCTIONS: 1. Complete in blue or black ink or print form.

VEHICLE OR WATERCRAFT INFORMATION													
Vehicle or Hull Identification Number													
Year				Make					Model				
This is a test text box over the form													
Overall Length of Vessel (Watercraft only)			State of Principal Operation (Watercraft only)			Registration Number (If applicable, watercraft only)				Date of Issuance (mm/dd/yyyy) (Watercraft only)			
Propulsion Type (Please check one, watercraft only)													
<input type="checkbox"/> Air Thrust <input type="checkbox"/> Manual <input type="checkbox"/> Propeller <input type="checkbox"/> Sail <input type="checkbox"/> Water Jet <input type="checkbox"/> Other													
SALE INFORMATION													
Purchase Price								Date of Sale (mm/dd/yyyy)					
I do hereby sell, transfer and convey all rights for the above vehicle / watercraft to the purchaser in consideration of the sale payment amount. I certify that the vehicle / watercraft is not subject to any liens that are the responsibility of the seller.													
I swear or affirm that the information I have entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.													
Signature of Seller										Date (mm/dd/yyyy)			
Printed Name of Seller (last, first, middle initial or company name)													
Signature of Seller										Date (mm/dd/yyyy)			
Printed Name of Seller (last, first, middle initial or company name)													
Address of Seller (number and street)													
City						State				ZIP Code			
I swear or affirm that the information entered on this form is correct. I understand that making a false statement may constitute the crime of perjury.													
I understand that this Bill of Sale may serve as a temporary certificate of number for a watercraft. This temporary certificate of number is valid for a period of time not to exceed forty-five (45) days from the date of sale contained within this form.													
Signature of Purchaser										Date (mm/dd/yyyy)			
Printed Name of Purchaser (last, first, middle initial or company name)													
Signature of Purchaser										Date (mm/dd/yyyy)			
Printed Name of Purchaser (last, first, middle initial or company name)													
Address of Purchaser (number and street)													
City						State				ZIP Code			