



555 WRIGHT WAY
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Las Vegas Area (702) 486-4DMV (4368)
Rural Nevada or Out of State (877) 368-7828
www.dmvnv.com

BILL OF SALE NRS 482.426

A Bill of Sale releases interest in a vehicle. A Certificate of Title or other ownership documents must accompany this form.

INSTRUCTIONS

- All areas must be completed in full.
Complete the buyer area exactly as the new Certificate of Title will be printed.
If no liens exist write the word "NONE" on the "Lien in favor of" line.
Any alterations or erasures will require additional documentation or verification.

Please print or type
Know all men by these presents

That in consideration of \_\_\_\_\_ Dollars (\$ \_\_\_\_\_)
and other value consideration, the receipt whereof is hereby acknowledged, the undersigned (seller) does hereby sell,
transfer and deliver unto:

Full Legal Name of Buyer(s) \_\_\_\_\_ and
\_\_\_\_\_ or
First Middle Last

NV Driver's License, ID Card Number or FEIN for Businesses \_\_\_\_\_ Telephone Number \_\_\_\_\_

Full Legal Name of Buyer(s) \_\_\_\_\_
First Middle Last

NV Drivers License, ID Card Number or FEIN for Businesses \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_
Street City State Zip Code

Buyer's Signature \_\_\_\_\_ Date \_\_\_\_\_
his right, title and interest in and to the following described vehicle:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_

Vehicle Identification Number

Grid of 17 boxes for Vehicle Identification Number

This vehicle has been Rebuilt as the term is defined in NRS 482.098

Buyer certifies Lien in favor of \_\_\_\_\_
Name of business or individual holding lien

Lienholder Address \_\_\_\_\_
Street City State Zip Code

Seller certifies that he is the lawful owner of said vehicle; that he has the right to sell the aforesaid; and that he will warrant
and defend the title of same against the claims and demands of all persons whomever except lienholder noted above.

Seller's Printed Full Legal Name \_\_\_\_\_
First Middle Last Telephone Number

Seller's Address \_\_\_\_\_
Street City State Zip Code

Seller's Signature \_\_\_\_\_ Date \_\_\_\_\_