

**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													
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)																							
☐ Air Thrust				☐ Manual				☐ Propeller				☐ Sail				☐ Water Jet				☐ 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											