USED MOTOR VEHICLE CERTIFIED APPRAISAL

North Dakota Department of Transportation, Motor Vehicle
SFN 62281 (3-2023)

MOTOR VEHICLE DIVISION
ND DEPT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0780
Telephone (701) 328-2725
Website: https://dot.nd.gov

INSTRUCTIONS

A licensed motor vehicle dealer uses this form exclusively for the purpose of establishing the FAIR MARKET RETAIL VALUE of a used motor vehicle. The form must be completed in full, typed or legibly handwritten, AFTER the appraiser views the motor vehicle in person. Any person who makes a false statement for a pecuniary or other benefit or misleading information is guilty of a Class A Misdemeanor (NDCC 12.1-11-02) **An * indicates required fields**

CUSTOMER INFORMATION

Name		Telephone Number	
Address	City	State	ZIP Code

MOTOR VEHICLE INFORMATION

Year*	Make*	Model*
Vehicle Identification Number (VIN)*		Odometer Reading

APPRAISAL INFORMATION

Dealership Name*	Dealership Number	Date of Appraisal*	
Address	City	State	ZIP Code
Telephone Number	Name of Appraiser (Last, First, Middle)*		

Average Retail Value (based on NADA or similar guide, if applicable) _____

Appraiser's Retail Value* (minimum $500.00 for vehicle or $200.00 for trailer) _____

Condition affecting retail value:(Identify, in detail, mechanical, appearance, or other factors that affect the Fair Market Value. Supporting documents may be attached that include photos of engine, exterior, interior, and other documentation that decreases the value).

I hereby certify that I am a representative of the dealership listed. I have prepared this appraisal form after personally viewing the above-described vehicle. At the time of the inspection, I have determined the current Retail Market Value as listed above. I, under penalty of law, certify that the information provided on this form is true and correct to the best of my knowledge.

Signature of Appraiser*	Date*