

# PRIVATE PARTY VEHICLE BILL OF SALE

North Dakota Department of Transportation, Motor Vehicle  
SFN 62502 (4-2024)

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

## Vehicle Information

Vehicle Identification Number	Year	Make	Model
Date of Sale	Selling Price (\$)	Gift From (check one, if applicable) : <input type="checkbox"/> Spouse <input type="checkbox"/> Parent(s) <input type="checkbox"/> Grandparent(s) <input type="checkbox"/> Grandchild <input type="checkbox"/> Child <input type="checkbox"/> Sibling(s) <input type="checkbox"/> Other:	

**Vehicles are subject to excise tax based on the fair market value of the vehicle according to established standards and guides (NDCC 57-40.3-01). If the selling price is below fair market value, provide detailed information regarding the vehicle condition or other circumstances which affect the selling price of the vehicle. Information provided is subject to review and additional documentation may be requested by the department at any time.**

Vehicle Condition Notes
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Was the vehicle in drivable condition at the time of sale? If no, explain above. <input type="checkbox"/> Yes <input type="checkbox"/> No	Was a vehicle traded for this vehicle? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the vehicle towed, hauled, or delivered to the new owner? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, was it an even trade? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Value of Trade (\$):
	Trade VIN:

## Seller Information

Seller's Legal Name	Check One: <input type="checkbox"/> Driver's License <input type="checkbox"/> FEIN	Telephone Number	
Mailing Address	City	State	Zip Code

**Seller(s), by signing below, do declare all information provided within this Bill of Sale is true and correct.**

Signature of Seller	Date
Additional Seller Signature	Date

## Buyer Information

Buyer's Legal Name	Check One: <input type="checkbox"/> Driver's License <input type="checkbox"/> FEIN	Telephone Number	
Mailing Address	City	State	Zip Code
Co-Buyer's Legal Name	Check One: <input type="checkbox"/> Driver's License <input type="checkbox"/> FEIN	Telephone Number	

## Buyer's Acknowledgment

By signing below, I certify all information is true and correct to the best of my knowledge.

Signature of Buyer	Date
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**PENALTY:** The filing of false or fraudulent purchaser's certificate is a Class B misdemeanor punishable by a fine of up to \$1500.00 and/or thirty (30) days in jail (NDCC 57-40.3-11).