

BILL OF SALE

Private Vehicle Transfer · Province of Newfoundland & Labrador · See reverse for signatures

VEHICLE DETAILS

YEAR	MAKE	MODEL	COLOUR
VIN (VEHICLE IDENTIFICATION NUMBER) — 17 CHARACTERS		ODOMETER (KM)	LICENCE PLATE

SALE DETAILS

SALE PRICE (CAD)	PAYMENT METHOD	DATE OF SALE
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Additional Terms / Conditions (e.g. "sold as-is", inclusions):

SELLER

FULL LEGAL NAME	PHONE	DATE OF BIRTH (OPTIONAL)	
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

BUYER

FULL LEGAL NAME	PHONE	DATE OF BIRTH (OPTIONAL)	
STREET ADDRESS	CITY	PROVINCE	POSTAL CODE

CONDITION & DISCLOSURES

- | | |
|--|--|
| <input type="checkbox"/> Sold as-is — no warranties expressed or implied | <input type="checkbox"/> Vehicle has been in a collision |
| <input type="checkbox"/> Safety certificate provided to buyer | <input type="checkbox"/> Airbags deployed |
| <input type="checkbox"/> Lien / encumbrance on vehicle | <input type="checkbox"/> Odometer accurate to best of seller knowledge |

Note: Plates stay with seller (must be removed)

Note: Safety inspection required for transfer registration

→ Signatures on reverse (page 2) — both parties must sign for this document to be valid

BILL OF SALE

Signature Page

Province of Newfoundland & Labrador | Attach to page 1

Vehicle: _____ (Year / Make / Model)

VIN: _____

Sale Price: \$ _____ | Date: _____

The Seller confirms they are the legal owner of the vehicle described above, that it is free of all liens and encumbrances (unless disclosed), and that all representations on page 1 are accurate. The Buyer confirms they have reviewed the vehicle, understand the terms of sale, and accept the vehicle in the condition described.

SELLER SIGNATURE

SELLER'S FULL LEGAL NAME (PRINT)

SELLER'S SIGNATURE

DATE

BUYER SIGNATURE

BUYER'S FULL LEGAL NAME (PRINT)

BUYER'S SIGNATURE

DATE

WITNESS (OPTIONAL BUT RECOMMENDED)

WITNESS FULL NAME (PRINT)

WITNESS SIGNATURE

DATE

Both parties should retain a signed copy of pages 1 and 2.

Keep your copy in a safe place — you may need it for registration or tax purposes.