

Vehicle Inspection Form

Inventory ID:	Asset Number:	Fair Market Value:
Short Description: Year <u>2007</u> Make <u>Dodge</u> Model <u>Charger</u>		
VIN: 2 B 3 K A 4 3 H 7 7 H 7 7 4 3 3 3		
Title Restriction: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N NO CO		
Odometer: 9 5 9 3 1 <input checked="" type="checkbox"/> Miles <input type="checkbox"/> Kilometers Odometer Accurate <input checked="" type="checkbox"/> Y <input type="checkbox"/> N:		
Long Description: This Vehicle: <input checked="" type="checkbox"/> Starts <input type="checkbox"/> Starts with a Boost & <input checked="" type="checkbox"/> Runs/Driveable <input checked="" type="checkbox"/> Engine Runs <input type="checkbox"/> Does Not Run <input type="checkbox"/> For Parts Only Engine- Type: <u>8</u> L, V <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Diesel Engine <input type="checkbox"/> Propane/Natural Gas <input type="checkbox"/> Gas/Electric Hybrid Engine Condition: <input checked="" type="checkbox"/> Runs <input type="checkbox"/> Needs repair <input type="checkbox"/> is in unknown condition Repairs needed: <u>check engine light, valve cover leak, intermittent skip</u> This vehicle was maintained every <u>3,000</u> <input type="checkbox"/> Days <input type="checkbox"/> Hours <input checked="" type="checkbox"/> Miles Date Removed From Service: Maintenance Records: <input type="checkbox"/> Available <input checked="" type="checkbox"/> Not Available For Inspection Transmission: <input checked="" type="checkbox"/> Automatic <input type="checkbox"/> Manual Speed Condition: <input checked="" type="checkbox"/> Operable <input type="checkbox"/> Needs repair <input checked="" type="checkbox"/> Is Unknown Condition Repairs Needed: _____ Drivetrain: <input checked="" type="checkbox"/> 2 Wheel Drive <input type="checkbox"/> 4 Wheel Drive Condition: _____		
Exterior: Color: <u>Black</u> Windows: <input checked="" type="checkbox"/> No Cracked Glass <input type="checkbox"/> Cracked Minor: <input checked="" type="checkbox"/> Dents <input checked="" type="checkbox"/> Scratches <input checked="" type="checkbox"/> Dings Tire Condition: <u>fair</u> Tread: #Flat Hubcaps # Major Damage to: <u>left front bumper, right front fender</u> Additional Damage: _____ Decals: <input type="checkbox"/> None <input type="checkbox"/> Have Been Sprayed or <input checked="" type="checkbox"/> Have been Removed & <input checked="" type="checkbox"/> Impressions Remain <input type="checkbox"/> No Impressions Emergency equip: <input checked="" type="checkbox"/> None <input checked="" type="checkbox"/> Has been removed & <input checked="" type="checkbox"/> There are holes in the exterior <input type="checkbox"/> There are no holes		
Interior: Color <u>Black</u> <input checked="" type="checkbox"/> Cloth <input type="checkbox"/> Vinyl <input type="checkbox"/> Leather Damage to Seats: <u>worn</u> Damage to Dash/Floor: <u>worn</u> Radio: <input type="checkbox"/> Stock or <input type="checkbox"/> Brand & Model: <input type="checkbox"/> AM <input checked="" type="checkbox"/> AM/FM <input type="checkbox"/> AM/FM Cassette <input type="checkbox"/> AM/FM CD <input checked="" type="checkbox"/> AC (Condition: <input type="checkbox"/> Cold <input checked="" type="checkbox"/> Unknown) <input type="checkbox"/> No AC Air Bags: <input type="checkbox"/> Driver's Side <input checked="" type="checkbox"/> Dual <input type="checkbox"/> Cruise Control <input checked="" type="checkbox"/> Tilt Steering <input checked="" type="checkbox"/> Remote Mirrors <input type="checkbox"/> Climate Control Power: <input checked="" type="checkbox"/> Steering <input checked="" type="checkbox"/> Windows <input checked="" type="checkbox"/> Door Locks <input checked="" type="checkbox"/> Seats/drivers		
Additional Equipment: <u>K9 containment system</u> Manufacturer Model Serial # <input type="checkbox"/> Tool Box <input type="checkbox"/> Light Bar <input type="checkbox"/> Ladder Rack <input type="checkbox"/> Utility Body: Brand <input type="checkbox"/> Hitch: Type		
Location of Asset: _____ For more information contact: _____ Reminder: Do not close items on or surrounding a Holiday, on Friday nights, or Weekends. Stagger closing times by 10 minutes.		



INSTRUCTIONS FOR A VEHICLE:

1. Complete Sections 1, 2, 3 and the *SIGNATURE AND CERTIFICATION BY SELLER(S) SECTION*.
2. This form can be used as a **BILL OF SALE** or to assign ownership when the assignment areas on the back of a **TITLE** are filled.
3. This form must be accompanied by the most recent **TITLE** issued for the vehicle.

WARNING: Federal law requires that you state the mileage in connection with a transfer of ownership. Failure to complete the Odometer Disclosure Statement or providing a false statement may result in fines and/or imprisonment.

ASSIGNMENT OF OWNERSHIP

SELLER(S): The undersigned seller(s) hereby state(s) the vehicle described on this title was transferred to the buyer(s) specified below. BUYER(S): Do not sign below until all sections have been completed and signed by seller(s). Signing below indicates you are aware of the **CONDITION STATEMENT** and **ODOMETER DISCLOSURE STATEMENT** made by seller(s).

SECTION 1 <i>Vehicle Information</i>	TITLE NUMBER		ISSUED BY THE STATE OF:	
	MAKE / MODEL		YEAR	VEHICLE IDENTIFICATION NUMBER
	Was this vehicle at the time of sale in condition for legal operation on the highway(s) of this state? (Only Dealers must respond to this question) <input type="checkbox"/> YES <input type="checkbox"/> NO			
	I state that, to the best of my knowledge and belief, the odometer reading specified below reflects the actual mileage, unless one of the following statements is checked: <div style="display: flex; align-items: center;"> <div style="margin-right: 20px;"> ODOMETER READING (No tenths) <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px 0;"></div> </div> <div> <input type="checkbox"/> I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in excess of its mechanical limits. (The odometer started at zero again.) <input type="checkbox"/> I hereby certify that the odometer reading is not actual mileage. WARNING: ODOMETER DISCREPANCY </div> </div>			
SECTION 2 <i>Buyer(s)</i>	NAME OF BUYER (Please print)		CHECK ONE IF CO-OWNED <input type="checkbox"/> AND <input type="checkbox"/> OR	NAME OF CO-BUYER (Please print)
	ADDRESS OF BUYER(S)		DEALER'S LIC. NO. (If dealer)	
	SIGNATURE OF BUYER(S) (Or authorized official) X		SIGNATURE OF CO-BUYER (Authorized official) X	
SECTION 3 <i>Seller(s)</i>	NAME OF SELLER(S) (Please print) City of Bridgeport - Police Dept.		DATE SOLD	
	ADDRESS OF SELLER(S) (Please print) 300 Congress St. Bridgeport, CT 06604		DEALER'S LIC. NO. (If dealer)	

SIGNATURE AND CERTIFICATION BY SELLER(S)

I (we) declare under penalty of false statement that the information furnished above is true and complete to the best of my (our) knowledge and belief. The owner (seller) of this motor vehicle described above hereby transfers to the buyer the described motor vehicle in consideration of the amount (selling price) entered below, receipt hereby acknowledged.

SIGNATURE OF SELLER(S) (Or authorized official) X	PRINTED NAME OF SELLER(S) (Authorized official)	SELLING PRICE \$	DATE SIGNED
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BILL OF SALE
H-31 REV. 1-2017STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
BRANCH OPERATIONS DIVISION
On The Web At ct.gov/dmv**INSTRUCTIONS:**

1. Seller of motor vehicle or vessel must complete, sign and give this form to the purchaser. Seller should maintain copy for records.
2. Purchaser must present the completed form to the Motor Vehicle Department with other forms required for proper registration.

SALE OF (Check one)		<input checked="" type="checkbox"/> MOTOR VEHICLE		<input type="checkbox"/> VESSEL		<input type="checkbox"/> OTHER (Specify)		
SELLER		NAME City of Bridgeport - Police Dept. <small>(City or Town)</small> ADDRESS 300 Congress St. Bridgeport CT 06604 <small>(Number and Street)</small> <small>(State)</small> <small>(Zip Code)</small>						
SELLING PRICE		\$		The owner (seller) of this motor vehicle or vessel described below hereby transfers to the purchaser the described motor vehicle or vessel in consideration of the amount (selling price) entered at left, receipt hereby acknowledged.				
PURCHASER INFORMATION		NAME ADDRESS <small>(Number and Street)</small> <small>(City or Town)</small> <small>(State)</small> <small>(Zip Code)</small>						
DESCRIPTION OF MOTOR VEHICLE		MAKE Dodge		YEAR 2007	COLOR(S) Black	MODEL NAME OR NUMBER Charger	BODY STYLE (4-Dr. Sedan, etc.) 4Dr.	
		ODOMETER READING 95931		VEHICLE IDENTIFICATION NUMBER (VIN) 2B3KA43A77H774333				
DESCRIPTION OF VESSEL		MODEL YEAR		HULL I.D. NUMBER (Required if built 1973 or later)		MAKE		
		COLOR (Primary - Secondary)		MODEL		LENGTH		
CERTIFICATION AND SIGNATURE		I declare under penalty of false statement that the information furnished above is true and complete to the best of my knowledge and belief.					SIGNATURE OF SELLER X	DATE

**CONNECTICUT REGISTRATION AND
TITLE APPLICATION**

H-13B REV. 3-2021

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
60 STATE STREET, WETHERSFIELD, CT 06161
<http://www.ct.gov/dmv>

DMV USE ONLY - TEMPORARY PLATE NUMBER

DMV USE ONLY - PERMANENT PLATE NUMBER

INSTRUCTIONS:

- (1) Please print using a black or blue pen.
- (2) Fill out the applicable sections of this form.
- (3) Use the DMV website to check for all documents required to complete your transaction and for any outstanding compliance issues.

1 OWNER SECTION (APPLICANT)	OWNER'S (APPLICANT'S) NAME (Last, First, Middle Initial)			OWNER'S BIRTHDATE
	OWNER'S LICENSE OR ID NUMBER	ISSUING STATE	SEC OF STATE/BUSINESS ID NO. (If Applicable)	PHONE NUMBER (Optional)
	CO-OWNER'S (CO-APPLICANT'S) NAME (Last, First, Middle Initial)			CO-OWNER'S BIRTHDATE
	CO-OWNER'S LICENSE OR ID NUMBER	ISSUING STATE	SEC OF STATE/BUSINESS ID NO. (If Applicable)	PHONE NUMBER (Optional)

OWNER'S MAILING ADDRESS (Number and Street, and Apartment No. if applicable) (City or Town) (State) (Zip Code)

CT RESIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	RESIDENT ADDRESS (If Different from Mailing Address - PO Box is NOT acceptable. Please include Apartment No. if applicable)
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CHECK BOX IF RESIDENT ADDRESS IS WHERE IF DIFFERENT FROM RESIDENT ADDRESS, INDICATE HERE (Number and Street, Apartment No.) (City or Town) (State) (Zip Code)
☐ VEHICLE MOST FREQUENTLY LEAVES FROM, RETURNS TO, OR REMAINS (For Property Tax)

2 VEHICLE INFORMATION	VEHICLE I.D. NUMBER	YEAR	MAKE	MODEL NAME OR NO.	BODY STYLE (4-Dr. Sedan, etc.)	
	FUEL TYPE (Gas, Diesel, etc.)	CYLINDERS or CC's	NO. OF WHEELS	COLOR(S) (Maximum of Two)	ODOMETER READING (Mileage)	NEW OR USED? <input type="checkbox"/> NEW <input type="checkbox"/> USED

3 SELLER'S INFORMATION	NAME OF SELLER(S) (If 2 owners, include both names)	DATE VEHICLE SOLD (Purchased)	SELLING PRICE
	SELLER'S ADDRESS (Number and Street)	(City or Town)	(State) (Zip Code)

4 SECURITY INTEREST - Loan or Lien Information	NAME OF LIEN-HOLDER	DATE OF LIEN
	ADDRESS OF LIEN-HOLDER (Number and Street)	(City or Town) (State) (Zip Code)

NAME AND ADDRESS OF SECOND LIEN-HOLDER (Number and Street)	(City or Town) (State) (Zip Code)	DATE OF SECOND LIEN
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5 TAX EXEMPTION	IF TAX EXEMPTION IS CLAIMED READ THE REVERSE SIDE OF THIS FORM AND SPECIFY THE CODE ASSOCIATED WITH THE TAX EXEMPTION AND ANY ADDITIONAL INFORMATION THAT YOU CAN PROVIDE.	
	CODE NO. FROM BACK OF FORM	EXEMPTION INFORMATION (If leased vehicle lessor tax number if applicable)

IF CODE #3, LIST TOTAL SALES TAX PAID TO OTHER JURISDICTION \$

6 OWNER SIGNATURE(S)	The undersigned certifies that there are no liens on this vehicle except those specified above. The insurance required by Connecticut law is in effect and will be maintained during this registration period. All property taxes due any CT Taxing Authority for any vehicle previously registered in my/our name(s) have been paid. If other than Passenger registration this vehicle is registered in accordance with Manufacturer's Maximum Gross Vehicle Weight Rating. The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, under penalty of false statement. In accordance with the provisions of Section 14-110 and 53a-157b of the Connecticut General Statutes. I understand that if I make a statement which I do not believe to be true, with the intent to mislead the Commissioner, I will be subject to prosecution under the above-cited laws.		
	OWNER'S SIGNATURE	DATE SIGNED	CO-OWNER'S SIGNATURE

X		X	
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ADDENDUM - If Additional Information is needed for your transaction, please complete the applicable sections below

7 LEASED VEHICLE INFORMATION	NAME OF LESSEE (Person to whom or company to which vehicle is leased)	OPERATOR LIC. NO. AND STATE OF LESSEE
	ADDRESS OF LESSEE (P.O. Box is Not Acceptable)	(Number and Street) (City or Town) (State) (Zip Code)

NAME OF CO-LESSEE (Person to whom or company to which vehicle is leased)	OPERATOR LIC. NO. AND STATE OF CO-LESSEE
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8 OTHER THAN PASSENGER STYLE MOTOR VEHICLE	LIGHT WEIGHT (Wt. empty)	GROSS WEIGHT (Declared Wt.) (Lt. wt. + max load)	MFTR. GVWR	GROSS WEIGHT DECLARED REQUIRES CT DOT OS/OW PERMIT <input type="checkbox"/> YES	
	NO. AXLES	SEAT CAPACITY	NO. STANDEES	CARRY SCHOOL CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO	US DOT NO. (If assigned)

INTERSTATE COMMERCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAZARDOUS MATERIAL? <input type="checkbox"/> YES <input type="checkbox"/> NO	USED FOR THE TRANSPORTATION OF A VESSEL (BOAT)? <input type="checkbox"/> YES <input type="checkbox"/> NO	TRAILERS - Rear lights required. Brakes required if 3,000 lbs. or more GVWR. Length of vehicle & trailer combined must be in accordance with CGS 14-262.
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9 DEALER TRANSACTION	VEHICLE I.D. NUMBER OF TRADED-IN VEHICLE	YEAR	MAKE	MODEL
	CONNECTICUT SALES TAX PERMIT NO.	TOTAL SALES PRICE	TRADE-IN ALLOWANCE	NET SALES PRICE

The information provided to the Commissioner of Motor Vehicles herein is subscribed by me, the undersigned, under penalty of false statement, in accordance with provisions of Section 14-110 & 53a-157b of the Connecticut General Statutes.

CONNECTICUT DEALER LICENSE NUMBER	DEALER SIGNATURE (Authorized Representative)	DATE SIGNED
	X	

SALES TAX INSTRUCTIONS

- A) SALES OR USE TAX COMPUTATION** - The sales or use tax is based on the invoiced purchase price for vehicles purchased from a licensed dealer. If the vehicle is purchased from a private individual, not from a licensed dealer, the sales or use tax is based on the current month's issue of the N.A.D.A. Official Used Car Guide, Eastern Edition or the *Bill of Sale*, whichever is greater.
- B) SALES TAX PAID IN ANOTHER STATE** - In order to obtain credit for sales/use tax paid to another jurisdiction, you must present proof of payment in the form of an official receipt or dealer's invoice.
- C) BARTER, TRADE, SWAP** - When two individuals trade vehicles, each must pay sales/use tax on the value of the vehicle received based on the current month's issue of the N.A.D.A. Official Used Car Guide, Eastern Edition.
- D) CHECKS** - Please make your check payable to "DMV". The total for all DMV fees also will include the sales tax.
- E) REFUNDS** - Claims for sales or use tax refunds must be submitted to the Department of Revenue Services. Use CERT-106, *Claim for Refund of Use Tax Paid on Motor Vehicle Purchased from Other Than a Motor Vehicle Dealer*, to claim a refund of use tax paid on a motor vehicle purchased from other than a motor vehicle dealer. A CERT-106 form is available at all DMV branches. All other claims for refund, with supporting documents, must be directed to the Department of Revenue Services, Refunds-RCA Audit Group, 450 Columbus Boulevard, Suite 1, Hartford, CT 06103-1837.

SPECIAL INSTRUCTIONS FOR THOSE CLAIMING EXEMPTION FROM CONNECTICUT SALES OR USE TAX

Specify the applicable code (1, 2, 3, 4, or 5) as described below in the space on the front in SECTION 5 labeled TAX EXEMPTION. Include additional information as required below for the applicable code in the area labeled EXEMPTION INFORMATION.

- Code 1:** **Transfer between immediate family members** (Only MOTHER, FATHER, SPOUSE (*wife, husband, civil union*), DAUGHTER, SON, SISTER or BROTHER qualify as "immediate family members"). Specify code "1" and in the area labeled EXEMPTION INFORMATION, write which of the above-listed relationships describes the person from whom you obtained the vehicle. Specify the state in which this immediate family member previously registered the vehicle. In order to qualify for this exemption, the vehicle must have been registered in this immediate family member's name for at least 60 days.
- Code 2:** **Sale to a Connecticut exempt organization or to a governmental agency.** Specify code "2" and write the Connecticut Tax Exemption Number beginning with "E" in the area labeled EXEMPTION INFORMATION or attach a copy of the organization's Internal Revenue Code Section 501(c)(3) or 501(c)(13) exemption letter issued by the IRS.
- Code 3:** **Sales or Use Tax was paid to another jurisdiction.** An official receipt or dealer's invoice must be presented identifying the amount of sales tax paid. Specify code "3" and, in the area labeled EXEMPTION INFORMATION, write the amount of tax paid and the jurisdiction to which this tax was paid.
- Code 4:** **Vehicles purchased while residing outside of Connecticut.** Out-of-state registration or photocopy is required. Vehicles should have been registered out-of-state at least 30 days prior to application for Connecticut registration. Specify code "4" and, in the area labeled EXEMPTION INFORMATION, write in order (1) the state in which you were residing when you purchased vehicle, (2) the date the vehicle was purchased, (3) the date the vehicle was registered in that state, and (4) the date the vehicle was first moved to Connecticut.
- Code 5:** **Other reasons.** Specify code "5" and write the applicable letter from the list below in the area labeled EXEMPTION INFORMATION.

- 5A) GIFT** - If vehicle was received as a gift, provide a copy of form AU-463, "Motor Vehicle and Vessel Gift Declaration". These forms are available at all DMV offices.
- 5B) VEHICLE PURCHASED BY A LESSOR EXCLUSIVELY FOR LEASE OR RENTAL** - Provide the Connecticut Tax Registration Number of the lessor/purchaser.
- 5C) SALE BY A FEDERAL AGENCY, FEDERAL CREDIT UNION OR AMERICAN RED CROSS** - Vehicle must have been obtained from a Federal Agency, a Federal Credit Union or the American Red Cross.
- 5D) CORPORATE ORGANIZATION, REORGANIZATION OR LIQUIDATION** - Acquiring a vehicle in connection with the organization, reorganization or liquidation of an incorporated business provided (a) the last taxable sale, transfer or use of the motor vehicle was subjected to Connecticut sales or use tax, (b) the transferee is the incorporated business or a stockholder thereof.
- 5E) PARTNERSHIP OR LLC ORGANIZATION OR TERMINATION** - Acquiring a vehicle in connection with the organization or termination of a partnership or LLC provided (a) the last taxable sale, transfer or use of the motor vehicle was subjected to Connecticut sales or use tax, and (b) the purchaser is the partnership or limited liability company, as the case may be, or a partner or member, thereof, as the case may be.
- 5F) HIGH MPG PASSENGER MOTOR VEHICLES** - Section 12-412(110) exempts the sale on and after January 1, 2008, and prior to July 1, 2010, of any passenger motor vehicle, as defined in section 14-1, that has a U.S. EPA estimated city or highway gasoline mileage rating of at least 40 miles per gallon.
- 5G) COMMERCIAL TRUCKS, TRUCK TRACTORS, TRACTORS AND SEMITRAILERS AND VEHICLES USED IN COMBINATION THEREWITH** - Section 12-412(70)(A)(i) exempts commercial trucks, truck tractors, tractors and semitrailers and vehicles used in combination therewith which have a gross vehicle weight rating in excess of 26,000 pounds.

Section 12-412(70)(A)(ii) exempts commercial trucks, truck tractors, tractors and semitrailers and vehicles used in combination therewith operated actively and exclusively during the period commencing upon its purchase and ending one year after the date of purchase for the carriage of interstate freight pursuant to a certificate or permit issued by the Interstate Commerce Commission (ICC) or its successor agency. Purchaser - please attach a copy of your certificate or permit that was issued by the ICC or its successor agency, and a copy of a properly completed Dept. of Revenue Services CERT-105, Commercial Motor Vehicle Purchased Within Connecticut for Use in the Carriage of Freight in Interstate Commerce.

For further information about sales and use taxes, see the DRS website (www.ct.gov/drs) or call DRS during business hours, Monday through Friday:

- 1-800-382-9463 (Connecticut calls outside the Greater Hartford calling area only); or
- 860-297-5962 (from anywhere).

TTY, TDD, and Text Telephone users only may transmit inquiries anytime by calling 860-297-4911.