STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

BILL OF SALE AFFIDAVIT

(Must Be Typed or Printed in Black Ink)

FOR DEPARTMENT USE ONLY
Check One:
☐ Purchase License Plate
☐ Transfer License Plate _____

Personally appeared before me _____
Seller

_____
Street City State Zip Code

who being duly sworn, deposes and says that on the _____ day of _____ Yr._____

the following vehicle: MARE _____ MODEL_____ BODY TYPE_____ YEAR_____

VEHICLE IDENTIFICATION NO._____ LICENSE NO._____

was sold to_____
Buyer

_____
Street City State Zip Code

And the above described vehicle is free of all liens and encumbrances in the buyer's name except:

_____
(List here any mortgages, liens, or encumbrances)

Sale price of vehicle ..... $_____

Less trade-in ..... $_____

Taxable Total ..... $_____

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

I state that the odometer now reads _____ (no tenths) miles and to the best of my knowledge that it reflects the ACTUAL mileage of the vehicle described herein, unless one of the following statements is checked.

CAUTION: Read Carefully Before You Check One of the Following:

_____ 1. I hereby certify that to the best of my knowledge the odometer reading reflects the amount of mileage in EXCESS of its mechnical limits.

_____ 2. I hereby certify that the odometer reading is NOT the actual mileage. WARNING: ODOMETER DISCREPANCY.

_____ _____ /
Signature(s) of Buyer(s) Date Signature(s) of Seller(s) Date

_____ _____
Hand Print Name(s) of Buyer(s) Hand Print Name(s) of Seller(s)

Sworn to and subscribed before me
at _____
this _____ day of _____ Y r .

_____
Signature of Notary Public Attesting Seller's Signature

_____
Print Name of Notary Public Commission Expires
State of _____

Return to:
South Carolina Department of Revenue
Division of Motor Vehicles
P.O. Box 1498
Columbia, S.C. 292 16-0024

ANY ALTERATION OR ERASURE VOIDS THIS DOCUMENT.
ORIGINALS MUST BE SUBMITTED TO THE DEPARTMENT.

Form 403 1 (Rev. 8/94)