:NT OF TRA
VISION, 60
5-0780 SH

Part 2. DEALER RE-ASSIGNMENT AND WARRANTY

TO BE COMPLETED BY THE SELLING DEALER AND DELIVERED TO THE BUYER WITHIN 15 DAYS OF DATE OF SALE)

Title Number					
Legal Name of Buyer(s)/Transferee(s)	☐ DL ☐ CID ☐ CORPID ☐ FEIN (Check One)				Telephone Number
Mailing Address	City	State	Zip		County
Legal Name of Co-Buyer(s)/Co-Transferee(s)	☐ DL ☐ CID ☐ CORPID ☐ FEIN (Check One)				Telephone Number
Mailing Address	City	State	Zip		County
Check one: ☐ Or ☐ And ☐ And/Joint Tenants with Right of Survivorship		Date of Sale			Selling Price (Required)
Name of Dea		Dealer License Nu			
Signature of Authorized Agent **X**					Date