

1 - Dealer/Appraiser Information

Retail Motor Vehicle Dealer: Yes <input type="checkbox"/> No <input type="checkbox"/>		Dealer No.	Independent Appraiser No. MF
Dealer or Independent Appraiser Name			Telephone No.
Address			
City, Town, Village, R.R.		Province	Postal Code
Name of Current Purchaser (Please Print)			
Motor Vehicle Dealers Act Registration Number of Person Completing/Signing this Appraisal		Date of Inspection	
Position of appraiser within the company			

2 - Vehicle Description and Appraisal

Vehicle Identification No.		Make	Year	Model					
Odometer Reading (kms) on Date of Inspection		Colour	No. of Cylinders	Transmission Type: Automatic <input type="checkbox"/> Manual <input type="checkbox"/>					
Options	Yes	No	Options	Yes	No	Options	Yes	No	General Condition of Vehicle: Good <input type="checkbox"/> Average <input type="checkbox"/> Poor <input type="checkbox"/>
Air Conditioning			Cruise Control			Power Seats			
Power Steering			Power Locks			Cassette AM/FM			
Power Brakes			Tilt Wheel			Radio AM/FM			
Power Windows			Two Door			Four Door			
General Comments Affecting the Value of the Vehicle:								Appraised Value	
								\$	

NOTE: The appraised value of a vehicle is NOT intended to be *trade-in* value but represents the value that one might expect to receive in a sales transaction between a willing buyer and a willing seller. Appraisals completed by persons not recognized as appraisers by the Ministry of Finance, will not be accepted by the Ministry of Finance or the Ministry of Transportation. Appraisals must be done within 60 days of the date of purchase.

Certification

I hereby certify that I/we hold a current registration under the *Motor Vehicle Dealers Act*, my/our primary business is the sale of new or used cars **OR** I hereby certify that I am an independent authorized appraiser authorized by the Ministry of Finance to do appraisals of motor vehicles. I certify that the appraised value of the vehicle is lower than average due to severe damage or excessive wear.

Signature

Print Name in Full

Date

year

month

day

Every person who knowingly makes a false or deceptive statement herein is guilty of an offence and is liable on conviction to a fine, or term of imprisonment, or both (*Retail Sales Tax Act*, Subsections 32(4) and 32(4.1)).

Personal information is collected on this form under the authority of the Ontario *Retail Sales Tax Act*, R.S.O. 1990, c.R.31, (as amended) and may be used to determine eligibility for a refund of retail sales tax. Questions about this collection should be directed to: Client Services Branch, 33 King Street West, PO Box 623, Oshawa ON L1H 8H7, 1 866 668-8297.