

WORKSHEET SINGLE PIECE OF EQUIPMENT

SMM Vehicle Information

Year	Make	Body	Vehicle ID Number (Serial #)	Driven on the Hwy over 2500 Miles per year Yes or No
Weight	MSRP	Purchase Price	Purchase Date	Is it Constructed on a: Truck Chassis? Yes or No Trailer Chassis? Yes or No
Buyer's Name and Address: Phone Number				Description/Uses: Off Highway? Yes or No Is Unit Self-Propelled? Yes or No How is Unit transported to the Job Site?
Seller's Name and Address:				Is the Unit permanently mounted (bolted or welded) to a truck or trailer? Yes or No Truck or Trailer
Fleet # _____ Unit # _____				

If the equipment is being **REGISTERED** only, you will need a Bill of Sale or invoice along with this form. Sales Tax **IS DUE** if it has not been collected.

If the equipment is being **TITLED** and **REGISTERED**, you will need a Bill of Sale or Invoice, a Statement of Facts/Acquisition and a VIN Verification along with this form. Sales Tax **IS DUE** if it has not been collected.

By completing this application, the information is affirmed under penalty of perjury to be true and correct to the best of the applicant's knowledge.

Signature _____ Date _____