

Freedom Auto Auction

Vehicle Donation Form

Privacy statement: All information used will be used for the sole purpose of donating your vehicle to the charity that you choose. At Freedom Auto Auction, we enforce the privacy of all your personal information that is held in our database.

Instructions: Read through all the options and fill in as much information as possible. When completed, save/print a copy of this page for your own records, then attach this text document to an email to amanda3580faa@gmail.com.

Donor Information

Name:
Address:
Address(Line 2):
Primary Telephone Number:
Secondary Telephone Number:
Email Address:

Vehicle Information

Year:
Make:
Model:
Vehicle Identification Number (VIN):
Color:
How many tires are inflated/roadworthy?:
Does the vehicle start/run?:
State title issued by:
Tags Removed:

Charity

Name of Charity:

Vehicle Location

Address:
Address (Line 2):
Shop Name:
Shop Number:
Alternate Contact:

Maryland Title Sample (Front)

MVA **MARYLAND CERTIFICATE OF TITLE**
DO NOT ACCEPT TITLE SHOWING ANY ERASURES, ALTERATIONS OR VOIDS.

Q 815765

VEHICLE IDENTIFICATION NO.	YEAR	MAKE	BODY-STYLE	CLASS	ODOMETER	BRAND	TITLE NUMBER
	90	VOLV	4S	A	153408	A	
EXCEPT.	GR. VEH. WT.	GR. COMB. WT.	FEE (TAGS)	INSPECTION DATE	DATE ISSUED		
N/A	-3700	00N/A	\$27.00	05/14/01	05/15/01		
OWNER'S SOUNDINDEX / DRIVER LICENSE NO.				CO-OWNER'S SOUNDINDEX / DRIVER LICENSE NO.			

NAME(S) AND ADDRESS OF REGISTERED OWNER(S)
Your name and address here

ODOMETER CODES
A. Actual Mileage
B. Exceeds Mechanical Limits
C. Not Actual Mileage

CONTROL NO.
(This is not a Title No.)

I, THE UNDERSIGNED, HEREBY CERTIFY THAT AN APPLICATION FOR CERTIFICATE OF TITLE HAS BEEN MADE FOR THE VEHICLE DESCRIBED HEREON, PURSUANT TO THE PROVISIONS OF THE MOTOR VEHICLE LAWS OF THIS STATE, AND THE APPLICANT NAMED ON THE FACE HEREOF HAS BEEN DULY RECORDED AS THE LAWFUL OWNER OF SAID VEHICLE.

THE ADMINISTRATION WILL NOT BE RESPONSIBLE FOR FALSE OR FRAUDULENT ODOMETER STATEMENTS MADE IN THE ASSIGNMENT OF THE CERTIFICATE OF TITLE OR FOR ERRORS MADE IN RECORDING BY THE ADMINISTRATION.

NAME(S) AND ADDRESS OF SECURED PARTIES IN RECORDED ORDER

**Lein Company (if financed)
name here**

**(If financed, a lein release
is required for donation)**

LIEN RELEASE

MVA USE ONLY

OFFICIALLY ISSUED ON THE DATE SET FORTH ABOVE

[Signature]
ADMINISTRATOR OF MOTOR VEHICLES
VR-2 (8-00)
CONTROL NO.
(This is not a Title No.)

THIS TITLE CONTAINS AN EAGLE WATERMARK WHICH IS VISIBLE WHEN HELD TO LIGHT

Maryland Title Sample

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.

INTEREST FILING FEES ARE REQUIRED. Maryland excise tax is assessed on the greater of the total purchase price if verified by the Administrator's notarized Bill of Sale (VR181) signed by buyer(s) and seller(s) or minimum allowed by law. When Bill of Sale (VR181) does not accompany the title, tax is based on the valuation shown in a national publication of used car value used by this Administration. If the vehicle is over seven (7) model years of age the tax is based on the greater of purchase price or minimum allowed by law. No Maryland Certificate of Title will be issued until all security interest or liens filed with the Motor Vehicle Administration have been officially released on the face. However, this vehicle may be subject to liens or encumbrances not filed with the Motor Vehicle Administration. If this is a Duplicate Title it may be subject to the rights of a person under the Original Certificate. MARYLAND MOTOR VEHICLE ADMINISTRATION-6601 RITCHIE HIGHWAY, N.E. GLEN BURNE, MARYLAND 21062.

ASSIGNMENT OF OWNERSHIP	The undersigned hereby certifies that the vehicle described in this title has been transferred to the following. Name(s) of Buyer(s) _____ Address of Buyer(s) _____ (STREET ADDRESS) _____ (CITY OR TOWN) _____ (COUNTY) _____ (STATE) _____ (ZIP CODE)			
	DO NOT MARK IN THESE FIELDS			
	I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limits. <input type="checkbox"/> 2. The odometer reading is not the actual mileage. ODOMETER READING _____ (no tenths) _____ DATE OF SALE _____ WARNING - ODOMETER DISCREPANCY		SELLING PRICE _____ DATE OF SALE _____	
SIGNATURE OF SELLER(S) _____ PRINTED NAME OF SELLER(S) _____ SIGNATURE OF BUYER(S) _____ PRINTED NAME OF BUYER(S) _____		SIGNATURE OF CO-SELLER(S) _____ PRINTED NAME OF CO-SELLER(S) _____ SIGNATURE OF CO-BUYER(S) _____ PRINTED NAME OF CO-BUYER(S) _____		
Name(s) of Buyer(s) _____ Address of Buyer(s) _____ (STREET ADDRESS) _____ (CITY OR TOWN) _____ (COUNTY) _____ (STATE) _____ (ZIP CODE)				
Give Maryland Driver's License Number and Date of Birth, if you do not have a Driver's License, give Date of Birth				
BUYER'S DRIVER'S LICENSE NO. _____		DATE OF BIRTH _____		
CO-BUYER'S DRIVER'S LICENSE NO. _____		DATE OF BIRTH _____		
IF NOT SUBJECT TO A LIEN, INDICATE "NONE" _____		AMOUNT OF LIEN _____		
DATE OF LIEN _____		KIND OF LIEN (DESCRIBE) _____		
NAME OF SECURED PARTY _____		ADDRESS OF SECURED PARTY _____		
I/we hereby make application for <input type="checkbox"/> New Title and Tags <input type="checkbox"/> New Title and Transfer of Tags <input type="checkbox"/> New Title Only No Tags		IF MOTORCYCLE, LIST ENGINE NUMBER _____ IF TRUCK/TRACTOR/TRAILER LIST WEIGHT G.V.W. _____		
If you are transferring tags from a vehicle that you sold, to this vehicle, give following (if applicable)		CLASS OF VEHICLE _____ TAG NUMBER _____ VALIDATION STICKER NUMBER _____		
NAME OF PERSON TO WHOM YOU SOLD THE OLD VEHICLE _____		ADDRESS _____		
CERTIFICATION OF INSURANCE NAME OF INSURANCE COMPANY (COPY FROM YOUR POLICY) _____ POLICY OR BINDER NUMBER _____ NAME OF AGENT _____		"I AM AWARE OF THE ODOMETER CERTIFICATION MADE BY THE SELLER" SIGNATURE OF BUYER(S) _____ PRINTED NAME OF BUYER(S) _____ SIGNATURE OF CO-BUYER(S) _____ PRINTED NAME OF CO-BUYER(S) _____		
IS THIS VEHICLE TO BE TITLED AS JOINT TENANTS OR TENANTS BY ENTIRETIES? <input type="checkbox"/> JOINT TENANTS <input type="checkbox"/> TENANTS BY ENTIRETIES NOTARY NOT REQUIRED I/we certify, under penalty of perjury that the statements made herein are true and correct to the best of my/our knowledge, information and belief and hereby state that the manufacturer's identification number shown on the face hereof agrees with the number plate on the vehicle. Witness My/Our Hand(s) And Seal This _____ Day of _____ Yr _____		CO-SIGNATURE OF PARENT, GUARDIAN OR RESPONSIBLE ADULT REQUIRED WHEN APPLICANT IS UNDER 18 YEARS OF AGE. MUST BE SIGNED BY OWNER(S), OFFICER(S) OF CORPORATION, OR PARTNER IN PARTNERSHIP		
The undersigned hereby certifies that the vehicle described in this title has been transferred to the following. Name(s) of Buyer(s) _____ Address of Buyer(s) _____ (STREET ADDRESS) _____ (CITY OR TOWN) _____ (COUNTY) _____ (STATE) _____ (ZIP CODE)				
SIGNATURE OF BUYER(S) _____		SIGNATURE OF CO-BUYER(S) _____		
PRINTED NAME OF BUYER(S) _____		PRINTED NAME OF CO-BUYER(S) _____		
I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limits. <input type="checkbox"/> 2. The odometer reading is not the actual mileage. ODOMETER READING _____ (no tenths) _____ DATE OF SALE _____ WARNING - ODOMETER DISCREPANCY		CERTIFIED SELLING PRICE _____ GROSS TAX COLLECTION _____ 1.2% OR \$24 MAX. FEE ALLOWANCE _____ NET TAX REMITTED _____		
SIGNATURE OF AUTHORIZED AGENT _____		DEALER'S NO. _____		
PRINTED NAME OF AUTHORIZED AGENT _____		PRINTED NAME OF DEALERSHIP _____		
IF NOT SUBJECT TO A LIEN, INDICATE "NONE" _____		AMOUNT OF LIEN _____		
DATE OF LIEN _____		KIND OF LIEN (DESCRIBE) _____		
NAME OF SECURED PARTY _____		ADDRESS OF SECURED PARTY _____		
The undersigned hereby certifies that the vehicle described in this title has been transferred to the following. Name(s) of Buyer(s) _____ Address of Buyer(s) _____ (STREET ADDRESS) _____ (CITY OR TOWN) _____ (COUNTY) _____ (STATE) _____ (ZIP CODE)				
SIGNATURE OF BUYER(S) _____		SIGNATURE OF CO-BUYER(S) _____		
PRINTED NAME OF BUYER(S) _____		PRINTED NAME OF CO-BUYER(S) _____		
I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked: <input type="checkbox"/> 1. The mileage stated is in excess of its mechanical limits. <input type="checkbox"/> 2. The odometer reading is not the actual mileage. ODOMETER READING _____ (no tenths) _____ DATE OF SALE _____ WARNING - ODOMETER DISCREPANCY		CERTIFIED SELLING PRICE _____ GROSS TAX COLLECTION _____ 1.2% OR \$24 MAX. FEE ALLOWANCE _____ NET TAX REMITTED _____		
SIGNATURE OF AUTHORIZED AGENT _____		DEALER'S NO. _____		
PRINTED NAME OF AUTHORIZED AGENT _____		PRINTED NAME OF DEALERSHIP _____		
IF NOT SUBJECT TO A LIEN, INDICATE "NONE" _____		AMOUNT OF LIEN _____		
DATE OF LIEN _____		KIND OF LIEN (DESCRIBE) _____		
NAME OF SECURED PARTY _____		ADDRESS OF SECURED PARTY _____		

ANY ALTERATION OR ERASURE VOIDS THIS TITLE.

VR-2 (8-00)

(Back)