



STATE OF WEST VIRGINIA

DEPARTMENT OF HEALTH AND HUMAN RESOURCES

RECREATIONAL VEHICLE ESTIMATE

I have appraised the following recreational vehicle and/or recreational equipment

belonging to (Owner's Name): _____

Make: _____ Model: _____ Year: _____

Vehicle Identification Number (VIN) (if applicable): _____

I could sell this vehicle in its present condition for \$ _____

Printed Name: _____ Date: _____

Signature: _____ Phone: _____

Company: _____

This estimate form is only valid for **recreational vehicles** and equipment such as ATV's and similar vehicles that may or may not require licensing as well as boats, snowmobiles, campers, trailers and similar equipment. This form is not valid for cars, trucks, motorcycles, motor scooters or campers when the living section of the camper is a permanent part of the motorized section.