

This report must be completed before registering the vehicle or within 60 days after registration.

DEALER OR APPRAISER INFORMATION	
NAME:	
ADDRESS:	TELEPHONE:
TYPE OF APPRAISER (SELECT ONE):	MOTOR VEHICLE OR OFF-HIGHWAY VEHICLE DEALER      NON-DEALER APPRAISER
DEALER PERMIT OR APPRAISER NUMBER:	GST/HST BUSINESS NUMBER:
NAME AND POSITION OF PERSON COMPLETING THIS APPRAISAL:	

MOTOR VEHICLE, OFF-HIGHWAY VEHICLE, MOTOR HOME, TRAILER and ANTIQUE VEHICLE DESCRIPTION AND APPRAISAL				
OWNER NAME:			PLATE NUMBER:	
OWNER ADDRESS:			OWNER TELEPHONE #:	
VEHICLE YEAR:	VEHICLE MAKE:	VEHICLE MODEL:	SERIAL # / VEHICLE IDENTIFICATION NUMBER:	
VEHICLE TYPE:	MOTOR VEHICLE      TRAILER	TRANSMISSION TYPE:	INSURANCE POLICY # (if applicable):	
MOTOR HOME      OFF-HIGHWAY VEHICLE      ANTIQUE****		AUTO      MANUAL	PART OF EVEN TRADE?    Y      N	
TEMPORARY PERMIT/PLATE # (if applicable):		VEHICLE IDENTIFICATION NUMBER:		
ODOMETER READING (KMS OR MILES) ON INSPECTION DATE:		GENERAL CONDITION OF VEHICLE:	GOOD      AVERAGE+	EXTENSIVE DAMAGE or MILEAGE
IF THE MOTOR VEHICLE, OFF-HIGHWAY VEHICLE, MOTOR HOME, TRAILER OR ANTIQUE VEHICLE HAS EXTENSIVE DAMAGE OR EXCESSIVE MILEAGE, SELECT ALL CONSIDERATIONS THAT APPLY: PROVIDE FURTHER EXPLANATION OF CONSIDERATION(S) BELOW:			EXTENSIVE DAMAGE*	EXCESSIVE MILEAGE**
PLEASE INDICATE VEHICLE OPTIONS (E.G. SUNROOF):				
WAS THE VEHICLE EVER INVOLVED IN AN ACCIDENT, OR DAMAGED AND REPAIRED?				
APPRAISED VALUE***:    \$			DATE OF APPRAISAL:	

**\*Extensive Damage:** Vehicles with significant damage at the time of appraisal to the body, chassis, frame and/or failure of operating system. This could be due to an incident such as a collision, vandalism, fire or flooding. A claim of **Extensive Damage** may be followed up on for supporting documentation such as photos, repair invoices, and insurance reports.

**\*\*Excessive Mileage:** Vehicle mileage exceeding 20,000 kilometers (or 12,500 if in miles) per model year. A claim of **Excessive Mileage** may be followed up on for supporting documentation such as the latest copy of the Motor Vehicle Inspection.

**+Average Condition:** Normal wear and tear for the vehicle make, model and year. Vehicle at the time of the appraisal is able to pass an inspection.

**\*\*\*Appraised Value:** The fair value of the motor vehicle, off-highway vehicle, motor home, trailer, or antique vehicle, based upon factors such as its condition and/or mileage, that one might expect to receive in an arm's length sales transaction between a willing buyer and seller. **Fair value** represents the true cost of the item exchanged, and encompasses a monetary price as well as the value of any goods, services provided or additional considerations accepted by the seller for the item. **Arm's length** refers to a transaction in which two or more unrelated parties agree to do business acting independently and in their own interest.

**\*\*\*\*Antique Vehicle:** A vehicle that is 30 or more model years old.

**INCOMPLETE FORMS (BACK & FRONT) WILL NOT BE ACCEPTED**

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If the Provincial Tax Commission determines that the Appraised Value or other value used for the application of Nova Scotia Sales Tax (NSST) does not represent the fair value of the vehicle, an assessment for outstanding taxes will be issued. Depending on the situation, the issued assessment could include penalties and interest.

**APPRAISER CERTIFICATION:**

I CERTIFY THAT THE APPRAISED VALUE OF THE MOTOR VEHICLE OR OFF-HIGHWAY VEHICLE OR MOTOR HOME OR TRAILER OR ANTIQUE VEHICLE AND ALL INFORMATION STATED ON THIS FORM AND IN ANY SUBMITTED DOCUMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I ACKNOWLEDGE THAT ANY FALSE OR MISLEADING INFORMATION PROVIDED ON THIS FORM COULD RESULT IN THE SUSPENSION AND/OR CANCELLATION OF MY APPRAISER REGISTRATION.

APPRAISER NAME (PLEASE PRINT)

\_\_\_\_\_  
AUTHORIZED APPRAISER SIGNATURE

\_\_\_\_\_  
DATE SIGNED

**TO BE COMPLETED BY THE VEHICLE OWNER:**

DATE OF PURCHASE

SELLER NAME (PLEASE PRINT)

PURCHASE PRICE  
(Including deposit and all cash and non-cash considerations paid)

TOWN/ MUNICIPALITY  
(Where the purchase/sale took place)

NAME OF COMPANY INSURING THE VEHICLE (If applicable)

INSURED VALUE OF VEHICLE (If applicable)

If the Provincial Tax Commission determines that the Appraised Value or other value used for the application of NSST does not represent the fair value of the vehicle, an assessment for outstanding taxes will be issued. Depending on the situation, that issued assessment could include penalties and interest.

**VEHICLE OWNER CERTIFICATION:**

I CERTIFY THAT ALL INFORMATION PROVIDED REGARDING MY MOTOR VEHICLE OR OFF-HIGHWAY VEHICLE OR MOTOR HOME OR TRAILER OR ANTIQUE VEHICLE ON THIS FORM AND IN ANY SUBMITTED DOCUMENTS IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I CERTIFY THAT I HAVE NOT PROVIDED ANY FALSE OR MISLEADING INFORMATION ON THIS FORM AND IN ANY ATTACHED DOCUMENTS.

VEHICLE OWNER NAME (PLEASE PRINT)

VEHICLE OWNER SIGNATURE

DATE SIGNED

**INCOMPLETE FORMS (BACK & FRONT) WILL NOT BE ACCEPTED**