



STATE OF WEST VIRGINIA
DEPARTMENT OF HEALTH AND HUMAN RESOURCES

VEHICLE ESTIMATE

I have appraised the following vehicle belonging to _____
Owner's Name

_____ Make _____ Model _____ Year

_____ Vehicle Identification Number (VIN)

- I could sell this vehicle in its present condition for \$ _____.
- I would allow \$ _____ on this vehicle as a trade-in.

This represents my best estimate.

_____ Name _____ Date

_____ Company _____ Phone