



AUDIT REPORT

Required to be kept for three years at the licensee's place of business

Business Name		License Number	DR Number		Page of
Street Address		City		State	Zip
Person Contacted <input type="checkbox"/> Licensee <input type="checkbox"/> Representative	Contact Name				

Vehicle Identification Number		Make/Year	Owner Document * <input type="checkbox"/> P <input type="checkbox"/> S	State	Remarks/Dealer Number	
Seller Name (first, middle, last, suffix)		Street Address	City	State	Zip	Date Acquired
Buyer Name (first, middle, last, suffix)		Street Address	City	State	Zip	Date Sold

Vehicle Identification Number		Make/Year	Owner Document * <input type="checkbox"/> P <input type="checkbox"/> S	State	Remarks/Dealer Number	
Seller Name		Street Address	City	State	Zip	Date Acquired
Buyer Name		Street Address	City	State	Zip	Date Sold

Vehicle Identification Number		Make/Year	Owner Document * <input type="checkbox"/> P <input type="checkbox"/> S	State	Remarks/Dealer Number	
Seller Name		Street Address	City	State	Zip	Date Acquired
Buyer Name		Street Address	City	State	Zip	Date Sold

Vehicle Identification Number		Make/Year	Owner Document * <input type="checkbox"/> P <input type="checkbox"/> S	State	Remarks/Dealer Number	
Seller Name		Street Address	City	State	Zip	Date Acquired
Buyer Name		Street Address	City	State	Zip	Date Sold

Investigator Name	Investigator Signature	Date Audit Began
-------------------	------------------------	------------------

* P = Previous Title S = Salvage Certificate

Vehicle Identification Number		Make/Year	Owner Document * <input type="checkbox"/> P <input type="checkbox"/> S	State	Remarks	
Seller Name		Street Address	City	State	Zip	Date Acquired
Buyer Name		Street Address	City	State	Zip	Date Sold

Vehicle Identification Number		Make/Year	Owner Document * <input type="checkbox"/> P <input type="checkbox"/> S	State	Remarks	
Seller Name		Street Address	City	State	Zip	Date Acquired
Buyer Name		Street Address	City	State	Zip	Date Sold

Vehicle Identification Number		Make/Year	Owner Document * <input type="checkbox"/> P <input type="checkbox"/> S	State	Remarks	
Seller Name		Street Address	City	State	Zip	Date Acquired
Buyer Name		Street Address	City	State	Zip	Date Sold

Vehicle Identification Number		Make/Year	Owner Document * <input type="checkbox"/> P <input type="checkbox"/> S	State	Remarks	
Seller Name		Street Address	City	State	Zip	Date Acquired
Buyer Name		Street Address	City	State	Zip	Date Sold

Vehicle Identification Number		Make/Year	Owner Document * <input type="checkbox"/> P <input type="checkbox"/> S	State	Remarks	
Seller Name		Street Address	City	State	Zip	Date Acquired
Buyer Name		Street Address	City	State	Zip	Date Sold

Vehicle Identification Number		Make/Year	Owner Document * <input type="checkbox"/> P <input type="checkbox"/> S	State	Remarks	
Seller Name		Street Address	City	State	Zip	Date Acquired
Buyer Name		Street Address	City	State	Zip	Date Sold

* P = Previous Title S = Salvage Certificate