



TRAILER DEALER REASSIGNMENT

Vehicle Identification Number	Year	Make	Body Style
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Buyer Name	Sale Date	Title Number	
Street Address	City	State	Zip

Name of New Lienholder (if no lien, write NONE)	Lien Amount	Lien Date
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Dealership Name	Dealer Number		
Street Address	City	State	Zip
Agent Name	Agent Signature		