



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
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\_\_\_\_\_

**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
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\_\_\_\_\_

Company	Phone
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