

**DMV DEALER EXIT AUDIT**

Dealer Name and Number: \_\_\_\_\_

Home Address (Owner): \_\_\_\_\_

Home Telephone Number (Owner): \_\_\_\_\_

Out-Of-Business (OB) Date: \_\_\_\_\_

**Remaining Inventory:**

Year	Make	(complete) VIN	SD Title Number
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_____
_____
_____
_____

(use reverse side of form or attach additional sheet if needed)

**Narrative on disposal of remaining inventory, (i.e., date of upcoming liquidation sale, etc.):**

**AUTHORIZATION NEEDED IF INVENTORY WILL NOT BE DISPOSED OF WITHIN 14 DAYS OF OB DATE:**

_____
_____
_____
_____

(use reverse side of form or attach additional sheet if needed)

**Vehicles to be titled in personal name (transfer to be done within 14 days of OB date): total \_\_\_\_\_:**

Year	Make	(complete) VIN	SD Title Number
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_____
_____
_____
_____

(use reverse side of form or attach additional sheet if needed)

**On-Line Computer Account Balance (if not previously paid, due at time of exit audit): \$ \_\_\_\_\_**

**I attest that all vehicle sales have been completed and titles delivered; that sales records will be retained and available for 5 years from OB date; that any vehicle(s) being titled in my personal name cannot be offered for sale and will only be used for my personal use; and that I am responsible for payment of any remaining balance on my dealer on-line computer account.**

\_\_\_\_\_  
**Dealer Signature**

\_\_\_\_\_  
**Date**