



**pennsylvania**  
DEPARTMENT OF TRANSPORTATION

Bureau of Motor Vehicles  
1101 S. Front Street  
Harrisburg, PA 17104

# Affidavit of Gift

For Department Use Only

## INSTRUCTIONS ON REVERSE SIDE OF FORM

Title Number: \_\_\_\_\_ VIN Number: \_\_\_\_\_

Make of Vehicle: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_

Transferor No. 1: \_\_\_\_\_ (please print) Transferee No. 1: \_\_\_\_\_ (please print)

Transferor No. 2: \_\_\_\_\_ (please print) Transferee No. 2: \_\_\_\_\_ (please print)

Is the transferee related to the transferor? Yes  No

Identify all the parties and relationship (for example: father/son; mother/daughter; uncle/nephew; friend/friend): \_\_\_\_\_

### WARNING: FALSIFICATION OF THIS AFFIDAVIT COULD RESULT IN CRIMINAL PROSECUTION AND THE REVOCAION OF YOUR DRIVING PRIVILEGES FOR A PERIOD OF ONE YEAR

The undersigned transferor(s) hereby declare(s) under penalty of perjury that I/we have received nothing of value, either directly or indirectly, from the transferee(s) or any other individual or entity in consideration of the transfer of the above-described vehicle, including but not limited to money, property, services or the forgiveness or waiver of any debt, obligation or encumbrance and that all information provided herein is true and correct to the best of my/our information and belief.

Transferor No. 1: \_\_\_\_\_  
Transferor Signature (or Authorized Person for Corporation) PA DL/Photo ID # or Bus. ID# Date of Birth Date

Address: \_\_\_\_\_  
Street City State Zip Code

Transferor No. 2: \_\_\_\_\_  
Transferor Signature (or Authorized Person for Corporation) PA DL/Photo ID # Date of Birth Date

Address: \_\_\_\_\_  
Street City State Zip Code

The undersigned transferee(s) hereby declare(s) under penalty of perjury that I/we have given nothing of value, either directly or indirectly, to the transferor(s) or any other individual or entity in consideration for the transfer of the above-described vehicle, including but not limited to money, property, service or the forgiveness or waiver of any debt, obligation or encumbrance and that all information provided herein is true and correct to the best of my/our information and belief.

Transferee No. 1: \_\_\_\_\_  
Transferee Signature (or Authorized Person for Corporation) PA DL/Photo ID # or Bus. ID# Date of Birth Date

Address: \_\_\_\_\_  
Street City State Zip Code

Transferee No. 2: \_\_\_\_\_  
Transferee Signature (or Authorized Person for Corporation) PA DL/Photo ID # Date of Birth Date

Address: \_\_\_\_\_  
Street City State Zip Code