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A LIQUIDITY SERVICES MARKETPLACE

Title Form

To Be Completed By The Successful Bidder

Please complete this form **in its entirety** before retrieving your titled equipment, regardless of whether you are picking up in person, or having someone else pick up for you. ***Please do not forget to sign, as incomplete forms cannot be processed!***

If sending in with your payment, or by itself, please print and mail to:

DAS, 1655 Salem Industrial Drive NE, Salem, OR 97301

If submitting by fax, please send to 503-378-3398, attention: Cashier

To submit this form electronically, print, scan and email to EAM.Auction@oregon.gov.

Auction Item Number _____ Online Bidder ID _____

Name Of Bidder _____ Phone Number _____

Email Address _____ FAX Number _____

Vehicle Title Information

Name (as it will appear on the title) _____

Physical Address _____

City, State, ZIP Code _____

I would like my title mailed to me (if not picking up in person)

Buyer Name _____

Mailing Address _____

City, State, ZIP Code _____

Removal Authorization Information

I will be having someone other than myself picking up for me

Name (Person the buyer authorizes to pick up property) _____

Phone Number _____

Name of Transport Company _____

I hereby authorize the state of Oregon to transfer the title and/or property as specified above.

X _____

Bidder Signature

Date