



Dent Wizard - Evolution Headquarters  
Attn: Plan Administrator  
4710 Earth City Expressway  
Bridgeton, MO 63044  
1-800-458-7072

### Certificate of Transfer

In the event that you wish to transfer your Service/Appearance Plan, please complete this form and return it to the above address with the transfer fee\*.

**Part I – General:**

Current Vehicle Owner-Buyer/Lessee (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone, Home: (\_\_\_\_) \_\_\_\_\_ Phone, Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

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

VIN: \_\_\_\_\_

Plan Term (In months): \_\_\_\_\_

Purchase Date: \_\_\_\_\_ Registration#: \_\_\_\_\_

**Part II – Owner Transfer:** (New Vehicle Owner-Buyer must enclose copy of the bill of sale for the registered vehicle)

This Plan is limited to the Buyer/Lessee and Vehicle listed on the Agreement. The Plan is transferable only one time by original Buyer listed on the contract to someone to whom they sell their vehicle.

New Vehicle Owner-Buyer (Please Print): \_\_\_\_\_

Address: \_\_\_\_\_ Apt: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone, Home: (\_\_\_\_) \_\_\_\_\_ Phone, Work: (\_\_\_\_) \_\_\_\_\_

Email: \_\_\_\_\_

I hereby acknowledge and agree to the transfer of my Service Plan as indicated above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:**

\*Transfer Fee is \$25.00 for the state of Nevada and \$50.00 in all other states.

1. Transfer fee check payment must be submitted with this completed “Certificate of Transfer” and made payable to:  
Dent Wizard Warranty Company, LLC
2. A transfer acknowledgment letter will be sent within 30 days of receipt.
3. The Service/Appearance Plan is administered by Dent Wizard Warranty Company, LLC.