



Application for Certificate of Title for a Motor Vehicle

MVD Use Only

Vehicle Services Bureau

P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431 Phone (406) 444-3661 Fax (406) 444-0116 • mvdtitleinfo@mt.gov

Fees: \$12.36 for light vehicles, trucks and buses weighing less than one ton; \$10.30 for all other vehicles (fees include 3% administration fee per MCA 61-3-111). Additional fees and taxes will be due upon registration. **Title Number:**

A Applicant Section	Applicant's Legal Name (first, middle, last): YOUR COMPANY NAME LLC		DL/FEIN/Tribal ID/Corp ID* C1234567	State Issued: MT	
	Co-Applicant's Legal Name (first, middle, last):		Please indicate if owner or lessee: Owner <input type="checkbox"/> Lessee <input type="checkbox"/>	DL/FEIN/Tribal ID/Corp ID* State Issued:	
Mailing Address: 1001 S MAIN STREET STE 49		City: KALISPELL	State: MT	Zip Code: 59901	County: FLATHEAD
Residential Address: 1001 S MAIN STREET STE 49		City: KALISPELL	State: MT	Zip Code: 59901	County: FLATHEAD
Email Address:			Phone Number:		

B Vehicle Section	Manufacturer's Suggested Retail Price: \$ _____	Year:	Make:	Model:	Style:
	Vehicle Identification Number:	Color: USE ONLY STANDARD COLORS	Fuel Type: G or D	Unladen Weight: <input type="checkbox"/> 2850 lbs or less <input type="checkbox"/> Over 2850 lbs	Motor Home Class: <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Trucks One Ton and Under: <input type="checkbox"/> 1/4 ton <input type="checkbox"/> 1/2 ton <input type="checkbox"/> 3/4 ton <input type="checkbox"/> 1 ton		Trucks Over One Ton: Manufacturer's Rated Capacity: _____	Trailer/Travel Trailer/Camper/Motor Home: Declared Weight: _____ Length: _____	Motorcycle and Quadricycle: CC: _____ Wheel Base: _____ Wheel Diameter: _____	<input type="checkbox"/> Street rod <input type="checkbox"/> Kit vehicle <input type="checkbox"/> Custom vehicle <input type="checkbox"/> Specially constructed vehicle

C Is there a security interest or lien against this vehicle?	<input type="checkbox"/> No - go to Section D PLEASE SKIP IF THERE IS NO LIEN			
	<input type="checkbox"/> Yes - complete this section and submit a filing fee of \$8.24 for each security interest or lien			
Date of First Security Interest: _____	Amount \$ _____	Name of First Secured Party or Lienholder:		DL/FEIN/Tribal ID/Corp ID*
Mailing Address of First Secured Party or Lienholder:		City:	State:	Zip Code:
Date of 2nd Security Interest: _____	Amount \$ _____	Name of Second Secured Party or Lienholder:		DL/FEIN/Tribal ID/Corp ID*
Mailing Address of Second Secured Party or Lienholder:		City:	State:	Zip Code:

D Odometer/Statement of Sale Section	Under penalty of law (MCA 45-7-203), I certify that: ONLY A DEALERSHIP SHOULD FILL OUT						
	<ul style="list-style-type: none"> The vehicle described above was sold <input type="checkbox"/> new <input type="checkbox"/> used to the applicant named in Section A on (date) _____ by (printed name of seller) _____ Seller's Address: _____ The (check one) <input type="checkbox"/> five or <input type="checkbox"/> six digit odometer now reads (no tenths) _____ miles, date read _____ and, to the best of my knowledge, it reflects the actual mileage unless one of the following statements is checked: <table border="1" style="margin: 5px auto;"> <tr> <td>DO NOT CHECK UNLESS APPLICABLE</td> <td><input type="checkbox"/> The odometer reading reflects the amount of mileage <i>in excess of its mechanical limits.</i></td> </tr> <tr> <td></td> <td><input type="checkbox"/> The odometer reading is not the actual mileage. Warning – odometer discrepancy.</td> </tr> </table> If signing for a business entity or trust, I have full authority to do so. 				DO NOT CHECK UNLESS APPLICABLE	<input type="checkbox"/> The odometer reading reflects the amount of mileage <i>in excess of its mechanical limits.</i>	
DO NOT CHECK UNLESS APPLICABLE	<input type="checkbox"/> The odometer reading reflects the amount of mileage <i>in excess of its mechanical limits.</i>						
	<input type="checkbox"/> The odometer reading is not the actual mileage. Warning – odometer discrepancy.						
Dated this _____ day of _____ 20 _____		Dealer's License Number _____	Signature of Dealer's Agent – this is my legal signature _____				
Dealer's Firm Name _____		Printed Name of Dealer's Agent _____					

E Applicant's Acknowledgement	Under penalty of law (MCA 45-7-203), I certify that:			
	<ul style="list-style-type: none"> I am one of the applicants named in Section A; I am aware of the odometer certification made in Section D; I have provided the appropriate identification number to the Department; The statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so. 			
Dated this _____ day of _____ 20 _____		YOUR SIGNATURE		
YOUR LLC		Signature: _____ <i>this is my legal signature (only one signature is required)</i>		
YOUR HUMAN NAME		Printed Name of Applicant _____		
If Applicant is a Business Entity, Give Full Name				

*DL-Driver License Number; FEIN-Federal Employer Identification Number; Tribal ID-Tribal Identification card; Corp. ID-Corporate Identification; CID-Customer Identification number