



# Application for State Assigned Identification Number

Fee - \$8.00

Additional fees and taxes may be due upon registration

Office Use Only

Title and Registration Bureau

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

**This application must be accompanied by the *Montana Title* (or *Application for Montana Title*) and a *Statement of Inspection* (Level 1) for the vehicle described below.**

**SPECIAL INSTRUCTIONS:** Holes will need to be drilled by the applicant to finalize the inspection. A hammer, cordless drill and 1/8 inch drill bit will need to be taken to the local driver license station once you receive the identification tag and rivets. If a cordless drill and drill bit are not available, a return trip must be made to finalize the inspection.

I/we, \_\_\_\_\_  
(Printed Name)

residing at \_\_\_\_\_  
(Street Address, City, State, Zip Code)

certify that I am/we are the person(s) named on this form as applicant(s) for an identification number assigned by the State of Montana for the vehicle described below because (check one):

- Number was altered
- Number was removed
- Cannot locate number
- Vehicle is homemade

State why the identification number was altered or removed:

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Make of vehicle: \_\_\_\_\_ Style of body: \_\_\_\_\_

Year: \_\_\_\_\_

Original identification number:

Title number: \_\_\_\_\_ License plate or decal number: \_\_\_\_\_

Under penalty of law (MCA 45-7-203), I certify that 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.

Applicant Signature: \_\_\_\_\_ Driver License #: \_\_\_\_\_  
(This is my legal signature)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_