



Transit Renewal Instructions

MVD 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

Enclosed is a Transit Renewal Application issued for the transportation of new motor vehicles, trailers, and new or used mobile homes over the highways of Montana.

Read carefully and complete all sections. If all sections are not completed properly or if the correct fees are not submitted, the renewal materials will be returned to you. This may cause a delay in receiving your license, tabs, and plates.

If there are changes to the business name, location, or mailing address provide the information on the renewal application form.

An inventory of all plates must be taken prior to renewal because validation tabs will be issued for all active plates in inventory.

Only one tab is issued per set of active plates. The number on the tab will match the plate number and must be placed in the upper right corner of the plate used on the rear of the vehicle. If a tab is placed on the wrong plate or is lost, a new tab will need to be ordered. The replacement tab fee is \$10 per tab. Citations may be issued if a plate is used with an invalid tab.

The transit renewal application form must be submitted to the Title and Registration Bureau (TRB) and all fees paid on or before December 31.

If your renewal is not received by December 31, all plates currently in your possession will be suspended and then you must order new plates.

If you have questions, contact the Title and Registration Bureau at 1-800-877-7409 option 3 or 406-444-3661 option 3. Email inquiries may be sent to dojdealerinfo@mt.gov.

Check off items below and return your renewal with fees to the address listed above.

- Complete and sign the Transit Renewal Application. All sections must be completed and the application must be signed. If signing for a corporation, indicate your capacity to sign. Renewals may be returned by **one** of the following methods:
 - a) Email the forms to dojdealerinfo@mt.gov
 - b) Fax Forms to 406-846-6039
 - c) Hardcopy via mail to Title & Registration Bureau, P.O. Box 201431, Helena, MT 59620-1431
- The fourth quarterly report for the prior year and the first three quarterly reports with corresponding fees must be submitted prior to renewal being processed.
- The disposition of all plates must be indicated on the form and a validation tab must be ordered and fees remitted for all active plates in your possession.** The validation tabs will be sent with your license.
 - If requesting additional or replacement plates, they will be shipped approximately three weeks after you receive your license. Only five sets of plates may be applied for unless the permit holder can demonstrate to the satisfaction of the department that additional sets are needed based on the number of trips reported in the previous calendar year.
- Remit \$100 license fee and all plate fees via hard copy check or money order, as the Motor Vehicle Division is not currently able to accept electronic payments. On the memo line of the check or money order, please indicate the license number. If multiple renewals are being paid with one check please indicate the license numbers and amount used for each license.



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Business Information

Business Name: _____ Transit License # _____

Business Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____

Zip: _____

Business Phone Number: _____ Fax Number: _____

E-Mail: _____ Alternate E-Mail: _____

Federal Tax or Corporate ID Number: _____

The fourth quarterly report for the prior year and the first three quarterly reports for the current year, with corresponding fees, must be submitted prior to renewal being completed. A permit holder is responsible for notifying the department of any license changes.

Updates

Have there been any changes to the following?

A	Business name	___Yes	___No
If yes, new Business name:			
B	Business street address	___Yes	___No
If yes, new street address:			
C	Mailing address	___Yes	___No
If yes, new mailing address:			

The following must be completed:

1) Types of vehicles transported: _____ New Motor Vehicles _____ New Trailers and/or _____ New or Used Mobile Homes

An inventory of all plates must be taken prior to renewal. Indicate the plate number below and place an X in front of the status, or if filling form by hand, circle the status of each plate.

A validation tab will be issued for all active plates in inventory.

Plate #	Disposition				Plate #	Disposition			
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
				Not Renewing					Not Renewing
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
				Not Renewing					Not Renewing
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
				Not Renewing					Not Renewing

Plate #	Disposition				Plate #	Disposition			
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		
	Active	Lost	Stolen	Mutilated		Active	Lost	Stolen	Mutilated
		Not Renewing					Not Renewing		

If additional plates need to be listed, please use a copy of this page.

If renewal is not received in our office on or before December 31, new plates must be ordered.

Plate/Tab Fees

Application & License Fee (A)	Plates/ Tabs (B)	Total of A and B
\$100.00	_____ tab(s) @ \$10.00 per tab (only 1 tab per set of active plates)	\$
Use this line to order additional or replacement plates for renewal year	_____ set(s) @ \$20.00 per set = \$ _____ (tab(s) included)	\$
Total Amount Due		\$

Only 1 tab is issued per set of active plates in inventory. The number on the tab issued will match the plate number and must be placed in the upper right corner of the plate used on the rear of the vehicle. If a tab is placed on the wrong plate or is lost a replacement tab will need to be ordered. The replacement tab fee is \$10.00 per tab.

Certification

I _____ hereby certify under penalty of law (MCA 45-7-203 Unsworn Falsification to Authorities) that on this date _____:

- I am the person named on this form
- The statements made and information contained on this form are true and correct to the best of my knowledge, information and belief
- If signing for a business entity or trust, I have full authority to do so
- I authorize the insurance company to release all general liability insurance policy information to the state of Montana, Title and Registration Bureau
- My name, as it appears above, is intended for the purposes of this document to be my genuine signature and acknowledgement of this form.

Check box for digital submission

- Or sign below if scanning, faxing, or mailing form.

Signature of owner/corporate officer **(If corporate officer, give title)** *(This is my legal signature)*

Date