



Application for Military Registration

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 dojmt.gov
Please PRINT

This application must be submitted to the [county treasurer's office](#). Upon completion and submission of this application for registration, sworn to before an officer authorized to administer oaths, a Montana resident who entered active military duty from Montana, including a National Guard or Reserve member, and who is stationed outside Montana, may register a motor vehicle that he or she owns and operates without paying certain light vehicle registration fees, fees in lieu of property tax, and county option taxes as otherwise required (other taxes and fees may be due).

Application must be made each year for any motor vehicle for which Montana law requires annual renewal of registration.

| | | | |
|---|--------------|---------------------|----------------|
| Did you enter the military from Montana? | Yes | No | |
| Current Mailing Address or APO: | | | |
| | | | |
| <i>City</i> | <i>State</i> | <i>Zip Code</i> | <i>Country</i> |
| | | | |
| <i>Email Address</i> | | <i>Phone Number</i> | |
| Current Driver License Information: | | | |
| | | | |
| <i>Driver License #</i> | | <i>DL State</i> | |

I certify that:

- The State of Montana is my domicile; I was a Montana resident at the time I entered active military duty; and my Montana residence was/is:**

| | |
|---|-------------|
| | |
| <i>Street Address</i> | <i>City</i> |
| *Submit application at the county treasurer's office for this city | |

- I am the registered owner and operator of the following vehicle:**

| | | | |
|--------------|----------------|-----------------------------------|------------------------|
| | | | |
| <i>Year</i> | <i>Make</i> | <i>Model</i> | <i>License Plate #</i> |
| | | | |
| <i>VIN #</i> | <i>Title #</i> | <i>Gross Vehicle Weight (GVW)</i> | |

- I am on active military duty as stated below:**

| | | |
|------------------------------|------------------------|-------------------------|
| Branch of Service: | | |
| Duty Station Address: | | |
| | | |
| <i>Rank</i> | <i>Legal Last Name</i> | <i>Legal First Name</i> |

- Under penalty of law (MCA 45-7-203)**, I certify that the statements made on this form, as recorded in the personnel and financial records of my military service, are true and correct to the best of my knowledge, information, and belief.

Owner/Applicant Signature Date

Unit Commander/Supervisor Signature Date