DO NOT STAPLE

Title and Registration Bureau
1003 Buckskin Drive, Deer Lodge, MT 59722-2375 ● Phone (406) 444-3661 Fax (406) 846-6039 ● mvdtitleinfo@mt.gov

Dealer License Application

MVD Use Only

I hereby make application to sell the following type of vehicles for the year 20 ____.

Indicate with an X the vehicle type(s) you will sell.

___ **New** Motor Vehicles [to include cars, trucks, rugged terrain (sport utility), vans, and buses]
___ **New** Trailers ___ **New** Motorhomes (RVs) ___ **New** Snowmobiles ___ **New** Motorcycles
___ **New** Quadricycles (includes quadricycle-like vehicles) ___ **New** Boats (includes personal watercraft)
___ **New** Special Mobile Equipment

___ **Used** Motor Vehicles [to include cars, trucks, rugged terrain (sport utility), vans, and buses]
___ **Used** Trailers ___ **Used** Motorhomes (RVs) ___ **Used** Snowmobiles ___ **Used** Motorcycles
___ **Used** Quadricycles (includes quadricycle-like vehicles) ___ **Used** Boats (includes personal watercraft)
___ **Used** Special Mobile Equipment

___ **Auto Auction License** An auto auction may only auction **used** motor vehicles, motorcycles, power sports vehicles, or trailers to licensed motor vehicle dealers, wholesalers, or wrecking facilities.

___ **Wholesale License** A wholesaler is authorized to sell **used** motor vehicles, motorcycles, power sports vehicles, or trailers. A wholesaler may only sell to a licensed dealer, auto auction, or another wholesale dealer.

___ **Broker License** A broker engages in the business of offering to procure or procuring a motor vehicle, trailer, semitrailer, pole trailer, travel trailer, motorboat, personal watercraft, snowmobile, or off-highway vehicle on behalf of another by negotiating purchases, contracts, sales, or exchanges on behalf of another and who does not store, display, or take ownership of above-mentioned vehicle.

Business Name:_____

DBA Name (if applicable):_____

Business Street Address:_____

City:_____ County:_____ State:_____ Zip:_____

Mailing Address:_____

City:_____ County:_____ State:_____ Zip:_____

Business Phone Number (must be listed with directory assistance):_____

Fax Number:_____ Toll-Free Number:_____

E-Mail:_____ Alternate E-Mail:_____

Federal Tax or Corporate ID Number:_____

Complete this portion if selling **new** motor vehicles, motorhomes (RVs), motorcycles, snowmobiles, quadricycles, or personal watercraft. Franchise agreement with:

Franchisor	Address	Vehicle Type(s)

The manufacturer must be licensed with the MVD before any vehicle can be distributed within Montana.

*** Continued on page 2 ***

Montana state authorities reserve the right to reject any form that has been altered.
This form is available in alternate formats for people with disabilities.

Section A: Ownership Information

State the full legal name, home address, date of birth, social security number, and driver license number or tribal identification number of each person who has an ownership interest in the dealership. If the licensee is a corporation, the same information for the corporate officers must be provided, indicating capacity. (Corporate officers may have day-to-day responsibility for running the corporation.) If there are additional owners or corporate officers a copy of this page must be used. Please type or print.

	Full Legal Name (as shown on your government-issued ID)	Residential & Mailing Address (street/city/state/zip)	Date of Birth	Social Security No.	Driver License or Tribal ID No. **(submit a copy)**	Corporate Capacity
1.						

Felony Background: Has the individual listed above been found guilty of, or pled guilty to, a felony in Montana or elsewhere?
Yes_____ No_____ If yes, provide a summary of the conduct resulting in the felony determination or plea, including dates of conduct and any court proceedings relating to conduct and name and address of court. Conduct Results: _____

Interests in Other Dealerships: Does the individual listed above have ownership interest in another dealership or wholesaler in Montana or elsewhere? Yes_____ No_____ If yes, provide the name and address of each dealership or wholesaler. _____

2.						

Felony Background: Has the individual listed above been found guilty of, or pled guilty to, a felony in Montana or elsewhere?
Yes_____ No_____ If yes, provide a summary of the conduct resulting in the felony determination or plea, including dates of conduct and any court proceedings relating to conduct and name and address of court. Conduct Results: _____

Interests in Other Dealerships: Does the individual listed above have ownership interest in another dealership or wholesaler in Montana or elsewhere? Yes_____ No_____ If yes, provide the name and address of each dealership or wholesaler. _____

3.						

Felony Background: Has the individual listed above been found guilty of, or pled guilty to, a felony in Montana or elsewhere?
Yes_____ No_____ If yes, provide a summary of the conduct resulting in the felony determination or plea, including dates of conduct and any court proceedings relating to conduct and name and address of court. Conduct Results: _____

Interests in Other Dealerships: Does the individual listed above have ownership interest in another dealership or wholesaler in Montana or elsewhere? Yes_____ No_____ If yes, provide the name and address of each dealership or wholesaler. _____

Section B: Person designated to manage the business

If a person other than the owners or corporate officers listed above is designated to manage the business, complete this section. Please type or print.

Full Legal Name (as shown on your government-issued ID)	Residential & Mailing Address (street/city/state/zip)	Date of Birth	Social Security No.	Driver License or Tribal ID No. **(submit a copy)**

Felony Background: Has the individual listed above been found guilty of, or pled guilty to, a felony in Montana or elsewhere?
Yes_____ No _____ If yes, provide a summary of the conduct resulting in the felony determination or plea, including dates of conduct and any court proceedings relating to conduct and name and address of court. Conduct Results: _____

Section C: 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

Submit via email

- 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

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