



Application for Certificate of Title for a Motor Vehicle

MVD Use Only

Title and Registration Bureau

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

Fees: \$12 for light vehicles, trucks and buses weighing less than one ton; **\$10** for all other vehicles. Additional fees and taxes will be due upon registration.

Title Number:

A Applicant Section	Applicant's Legal Name (first, middle, last) or Firm Name:			DL/FEIN/Tribal ID/Corp ID*	
	Co-Applicant's Legal Name (first, middle, last):			State where DL issued:	
Mailing Address:			City:	State:	Zip Code:
Residential Address:			City:	State:	Zip Code:

B Vehicle Section	Manufacturer's Suggested Retail Price: \$ _____	Year:	Make:	Model:	Style:	
	Vehicle Identification Number:		Color:	Fuel Type:	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				
	<input type="checkbox"/> Yes - complete this section and submit a filing fee of \$8 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:							
	<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 _____		Signature - this is my legal signature (only one signature is required) _____			
If Applicant is a Business Entity, Give Full Name _____		Printed Name of Applicant _____			

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