

Please provide a brief description of Identity Theft Incident
Use additional paper if necessary

Applicant Certification

I understand that if I knowingly provide false information, I may be subject to false swearing charges under Montana law (45-7-202, MCA).

By signing this application, I attest that:

- the information provided on this form is true and accurate, and
- I have filed a true and accurate police report of this incident.

Applicant Signature

Date

Law Enforcement Certification

Law Enforcement Officer (Print Name)

Law Enforcement Officer (Signature)

Law Enforcement Agency and Phone

Please send or fax this form to:

Department of Justice – ID Theft Passport
P.O. Box 200151
Helena, MT 59620-0151

Fax: (406) 442-2174
Phone: (406) 444-4500