

Application for Replacement Certificate of Title

FOR OFFICIAL USE ON

PLEASE PRINT P.O. Box 201431 Helena, MT 59620-1431 • Phone (406) 444-3661 • Fax (406) 444-0116• <u>mvdtitleinfo@mt.gov</u> • dojmt.gov

1: Fees:												
Make checks payable to "State of Montana" Replacement Title Fee \$10.30 Fees include 3% administration fee per § 61. ☐ Update personal information (e.g., legal nature updated before proceeding with this option. Go to https://dojmt.gov/driving/driver-licen	-3-111, MCA ame change); Monta A copy of the license			se must	be			FOR O	FFICIAL U	JSE ONLY	,	
2: Vehicle Information:												
Year Make	Model			Ti: (0	mber 							
Vehicle/Vessel Identification Number												
License Plate Number	Year Exp	ired MT Boat Number										
3: Registered Owner Information:												
Registered Owner (1) (please print) Registered Owner (2) (please print) I authorize the replacement certificate of tit	(Required) DL/FEIN/Tribal ID/Corp ID (owner one) (Required) DL/FEIN/Tribal ID/Corp ID (owner two)											
Street/P.O. Box												
City:		State: _	tate:				Zip:					
Name associated with this address (e.g. mai	l to dealership, etc.)	:										
Email Address:	Phone Number											
 Under penalty of law (§ 45-7-203, MCA), I center of the statements made, and knowledge, information, and belief; I am the same person named on the If signing for a business entity or trus The title is lost, mutilated, or illegible Printed Name of Registered Owner (only)	nd information conta face of the title; t, I have the full auth and I request that a	ority to o	do so; nent	; and								
Legal Signature of Registered Owner (onl					Date	ent	befo	ore r	mai	ling	***	

*DL = Driver License number; FEIN = Federal Employer Identification Number; Trial ID = Tribal Identification Number; Corp ID = Corporate Identification Number