



Request for State Assigned VIN

VIN Tag Fee - \$5.15

Office Use Only

Additional \$20.09 for TRP if needed.
Fees include 3% administration fee per [MCA 61-3-111](#)
Fees and taxes may be due upon registration.

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

This application must be accompanied by the *Montana Title (or Application for Montana Title)* and a *Statement of Inspection (Level 1)* for the vehicle described below.

SPECIAL INSTRUCTIONS: Holes will need to be drilled by the applicant to finalize the inspection. A hammer, cordless drill and 1/8 inch drill bit will need to be taken to the local driver license station once you receive the identification tag and rivets. If a cordless drill and drill bit are not available, a return trip must be made to finalize the inspection.

I/we, _____
(Printed Name)

residing at _____
(Street Address, City, State, Zip Code)

certify that I am/we are the person(s) named on this form as applicant(s) for an identification number assigned by the State of Montana for the vehicle described below because (check one):

- Number was altered Number was removed Cannot locate number Vehicle is homemade

State why the identification number was altered or removed:

Make of vehicle: _____ Style of body: _____

Year: _____

Original identification number:

Title number: _____ License plate or decal number: _____

Under penalty of law (MCA 45-7-203), I certify that 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.

Applicant Signature: _____ Driver License #: _____
(This is my legal signature)

Printed Name: _____ Date: _____

Email Address: _____ Phone Number: _____