

APPLICATION TO PURCHASE A SPECIALTY LICENSE PLATE

These plates may be issued to passenger cars, pickups, vans or sport utility vehicles only

Department of Justice/MVD
Title & Registration Bureau
1032 Buckskin Drive
Deer Lodge MT 59722
406-846-6000

THIS PART MUST BE COMPLETED BY THE APPLICANT (please print)

I/We _____

mailing address _____

_____ City _____ State _____ Zip _____

telephone number _____ certify that I am/we are the registered owner(s) of the following light vehicle:

Vehicle 1:

YEAR	MAKE/MANUFACTURER	MODEL	CURRENT LICENSE PLATE NUMBER (if applicable)
VEHICLE IDENTIFICATION NUMBER			TITLE NUMBER

Vehicle 2:

YEAR	MAKE/MANUFACTURER	MODEL	CURRENT LICENSE PLATE NUMBER (if applicable)
VEHICLE IDENTIFICATION NUMBER			TITLE NUMBER

(Please add additional vehicles on page 2 of this form)

and hereby apply for the following specialty license plate design:

Signature _____ Printed name _____

<input type="checkbox"/>	New
<input type="checkbox"/>	Renewal

THIS PART MUST BE COMPLETED BY THE ORGANIZATION SPECIALTY LICENSE PLATE SPONSOR

You are hereby approved to receive the requested organization specialty license plates.

Name of sponsoring organization or governmental body _____ Tax ID# _____

Signature of liaison _____ Printed name _____ Date _____

UPON REGISTRATION YOU WILL BE REQUIRED TO PAY AN ADDITIONAL ADMINISTRATIVE FEE OF \$10.00. ADDITIONAL REGISTRATION FEES DUE MAY DEPEND ON THE REGISTRATION STATUS OF THE VEHICLE. TAKE OR MAIL THIS APPLICATION FORM TO YOUR COUNTY TREASURER'S OFFICE TO RECEIVE YOUR PLATES AND REGISTRATION RECEIPTS.

ADDITIONAL VEHICLES:

YEAR	MAKE/MANUFACTURER	MODEL	CURRENT LICENSE PLATE NUMBER (if applicable)
VEHICLE IDENTIFICATION NUMBER			TITLE NUMBER

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