



Vehicle Services Bureau

Application for Replacement Certificate of Title

MVD Use Only

P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431 • Phone (406) 444-3661 Fax (406) 444-0116 • mvdtitleinfo@mt.gov

<p>1. Fees: Make checks payable to "State of Montana" Replacement title fee \$10.30 Replacement title adding a new security interest/lien \$18.54 (form MV81B must also be submitted) Fees include 3% administration fee per MCA 61-3-111 Any update of personal information (e.g., legal name change); Montana driver license must be updated before proceeding with this option. A copy of the license is required. Go to https://dojmt.gov/driving/driver-licensing</p>	<p>MVD Use Only</p>
<p>2. Vehicle Information:</p> <p>Year _____ Make _____ Model _____ Title Number _____ (optional) _____</p> <p>Vehicle/Vessel/OHV Identification No: <input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>License Plate Number _____ Year Expired _____ MT Boat Number _____</p>	
<p>3. Registered Owner Information:</p> <p>Registered Owner (1) (please print) _____ * (Required) DL/FEIN/Tribal ID/Corp ID (owner one) _____</p> <p>Registered Owner (2) (please print) _____ * (Required) DL/FEIN/Tribal ID/Corp ID (owner two) _____</p> <p>I authorize the replacement certificate of title to be mailed to: Street/P.O. Box: _____ City: _____ State: _____ Zip: _____ Name associated with this address (e.g., mail to a dealership, etc.): _____ _____</p> <p>Email Address: _____ Phone Number: _____</p> <p>Under penalty of law (MCA 45-7-203), I certify that:</p> <ul style="list-style-type: none"> • 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 same person named on the face of the title; • If signing for a business entity or trust, I have full authority to do so; and • The title is lost, mutilated, or illegible and I request that a replacement be issued and sent to the address shown. <p>Printed Name of Registered Owner (only one owner's name is required) _____</p> <p>Legal Signature of Registered Owner (only one owner's signature is required) _____ Date _____</p> <p>★ Be sure to complete all sections, sign this form, and include payment before mailing. ★</p>	

*DL=Driver License number; FEIN=Federal Employee Identification Number; Tribal ID=Tribal Identification card number; Corp ID=Corporate Identification number