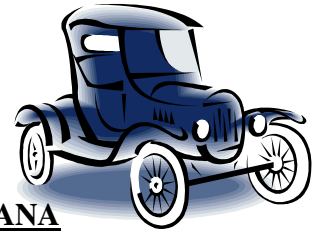


FLATHEAD COUNTY MOTOR VEHICLE

ADELE KRANTZ, TREASURER . . . SUE WAGGENER, MOTOR VEHICLE SUPERVISOR
935 1ST AVE W STE T KALISPELL MT 59901
TELEPHONE (406) 758-5690 FAX (406) 758-5694



REQUEST FOR VEHICLE TITLE TRANSFER TO STATE OF MONTANA

SECTION "A" (TO BE COMPLETED BY APPLICANT)

Applicant's Name _____ Phone Number _____

Flathead County Mailing Address _____

Flathead County Residential Address _____

Driver License # for Individual(s) or Business Tax ID # for Business (MANDATORY) _____

YEAR AND MAKE OF VEHICLE _____ VIN (SERIAL NUMBER) _____

I AUTHORIZE THE REGISTRAR OF MOTOR VEHICLES TO MAIL THE MONTANA TITLE TO THE LIENHOLDER BELOW IF SO REQUESTED BY THEM.

APPLICANT'S SIGNATURE: _____

SECTION "B" (TO BE COMPLETED BY LIENHOLDER)

IN COMPLIANCE WITH MONTANA STATUTES AND AT THE REQUEST OF THE ABOVE NAMED APPLICANT, **PLEASE SEND THE FOLLOWING PAPERS AND INFORMATION TO THE FLATHEAD COUNTY MOTOR VEHICLE ADDRESS LISTED ABOVE.**

- (1) THE ORIGINAL TITLE FOR THE ABOVE LISTED VEHICLE.
- (2) State your Federal Tax ID #, Federal Employer #, or State Issued ID# (MANDATORY)

- (3) IF YOU WISH TO HOLD THE NEW MONTANA TITLE UNTIL THE CONTRACT IS SATISFIED, PLEASE COMPLETE THE FOLLOWING AUTHORIZATION:

TO: MONTANA REGISTRAR OF MOTOR VEHICLES. PLEASE MAIL THE MONTANA TITLE TO:

LIENHOLDER NAME: _____ PHONE NUMBER _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PLEASE RETURN THIS ORIGINAL FORM WITH THE PAPERWORK WE HAVE REQUESTED. PHOTOCOPIES OF THIS FORM WILL NOT BE ACCEPTED UNLESS ORIGINAL SIGNATURES ARE AFFIXED.

THANK YOU FOR YOUR PROMPT ATTENTION TO THIS MATTER.

FLATHEAD COUNTY TREASURER, MOTOR VEHICLE DEPARTMENT

COMPLETED BY _____ DATE _____