



Application for Vessel Certificate of Title

MVD Use Only

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

Fee: \$10.30 (fee includes 3% administration fee per MCA 61-3-111). Additional fees and taxes may be due upon registration.	Title Number:
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A Applicant Section	Applicant's Legal Name (first, middle, last) or Firm Name:				DL/FEIN/Tribal ID/Corp ID*:	
	Co-Applicant's Legal Name (first, middle, last):				DL/FEIN/Tribal ID/Corp ID*:	
Mailing Address:		City:	State:	Zip Code:	County:	
Residential Address:		City:	State:	Zip Code:	County:	
Email Address:			Phone Number:			

B Vehicle Section	Year:	Make:	Model:	Color:		
	MT#:	Hull ID#:		Length: Feet _____ Inches _____		
Use:	Propulsion:	Fuel:	Vessel Material:	Vessel Type:		
Motor No. 1 ID# _____		Year _____	Make _____	HP _____		
Motor No. 2 ID# _____		Year _____	Make _____	HP _____		

C Is there a security interest or lien against this vehicle?	<input type="checkbox"/> No - go to Section D <input type="checkbox"/> Yes - complete this section and submit a filing fee of \$8.24 for each security interest or lien				
	Date of First Security Interest:	Amount \$	Name of First Secured Party or Lienholder:		DL/FEIN/Tribal ID/Corp ID*
Mailing Address of First Secured Party or Lienholder:			City:	State:	Zip Code:
Date of 2nd Security Interest:	Amount \$	Name of Second Secured Party or Lienholder:		DL/FEIN/Tribal ID/Corp ID*	
Mailing Address of Second Secured Party or Lienholder:			City:	State:	Zip Code:

D Statement of Sale Section	Under penalty of law (MCA 45-7-203), I certify that:				
	<ul style="list-style-type: none"> The vessel described above was sold new <input type="checkbox"/> used <input type="checkbox"/> to the applicant named in Section A on (date) _____ by (printed name of seller) _____ Seller's Address: _____ The statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief. If signing for a business entity or trust, I have full authority to do so. 				
Dated this _____ day of _____ 20 _____		DL/FEIN/Tribal/Corp ID*	Signature of Dealer's Agent (<i>this is my legal signature</i>)		
Dealer's Firm Name		Printed Name of Dealer's Agent	DL/FEIN/Tribal ID/Corp ID *		

E Applicant's Acknowledgement	Under penalty of law (MCA 45-7-203), I certify that:				
	<ul style="list-style-type: none"> The statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am one of the applicants named in Section A on this form; and, if signing for a business entity or trust, I have full authority to do so. 				
Dated this _____ day of _____ 20 _____		Signature - this is my legal signature (only one signature is required)			
If Applicant is a Business Entity, Give Full Name		Printed Name of Applicant			

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

Montana county and state authorities reserve the right to reject any form that has been altered.

This form is available in alternate formats for people with disabilities.