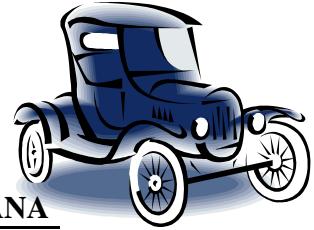


**FLATHEAD COUNTY MOTOR VEHICLE**  
ADELE KRANTZ, TREASURER  
SHEA ERWIN, MOTOR VEHICLE SUPERVISOR  
290 A N MAIN ST, KALISPELL, MT 59901  
TELEPHONE (406) 758-5690 FAX (406) 758-5694



**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 \_\_\_\_\_ Email 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 \_\_\_\_\_