



Request for Release From Financial Responsibility

P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-1631 • mvdmt.gov

I, _____ Driver License No. _____

Mailing Address: _____
Street or P.O. Box City State Zip Code

Request to be released from the financial responsibility imposed by signing the Affidavit of Consent on the driver license application as allowed under MCA 61-5-108 for the following individual:

Name: _____

Date of Birth: _____ Driver License No. _____

I sign this with the knowledge that the driver license will be canceled.

Signature: _____ Date: _____

The Requestor's signature must be **verified** by a person authorized to complete **one** of the following boxes:

Verification: This document has been signed and verified before an employee of the Motor Vehicle Division.

Name (*printed*): _____

Title (*printed*): _____

Signature: _____

Date: _____

Subscribed and sworn to before me:

Notary Public

Date: _____

My commission expires: _____ (*Notary stamp/seal*)
