



Vehicle Services Bureau

# Request for State Assigned VIN

## VIN Tag Fee - \$5.15

Additional \$20.09 for TRP if needed.  
Fees include 3% administration fee per § 61-3-111, MCA Fees and taxes may be due upon registration.

Office Use Only

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

**This application must be accompanied by the *Montana Title (or Application for Montana Title)* and a *Statement of Inspection (Level 1)* for the vehicle described below.**

**SPECIAL INSTRUCTIONS:** 1/8-inch mounting holes will need to be drilled by the applicant to affix the newly issued identification tag and rivets. Once the tag is affixed, a form MV20, Level 1 Vehicle/OHV Identification Number Inspection, must be completed by a law enforcement officer or designated Inspector to verify the identification number and that it has been permanently attached.

I/we, \_\_\_\_\_  
(Printed Name)

residing at \_\_\_\_\_  
(Street Address, City, State, Zip Code)

certify that I am/we are the person(s) named on this form as applicant(s) for an identification number assigned by the State of Montana for the vehicle described below because (check one):

- Number was altered     Number was removed     Cannot locate number     Vehicle is homemade

State why the identification number was altered or removed:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Make of vehicle: \_\_\_\_\_ Style of body: \_\_\_\_\_

Year: \_\_\_\_\_

Original identification number:

Title number: \_\_\_\_\_ License plate or decal number: \_\_\_\_\_

Under penalty of law (§ 45-7-203, MCA), 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 person named on this form; and, if signing for a business entity or trust, I have full authority to do so.

Applicant Signature: \_\_\_\_\_ Driver License #: \_\_\_\_\_  
(This is my legal signature)

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_