

Governmental Body Specialty License Plate Sponsorship Application

Page 1 of 2

OR OFFICIAL USE ONLY PLEASE PRINT P.O. Box 201431 Helena, MT 59620-1431 • Phone (406) 444-3661 • Fax (406) 444-2086• DOJMVDSponsorPlates@mt.gov • mvdmt.gov

occion 1. Applicant information				
Name of Governmental Body				
Physical Address (required)		City	State	Zip
Mailing Address (if different from above)		City	State	Zip
Tax ID Number	Website Address	<u>I</u>	Phone Num	nber
Check One ☐ New Specialty Plate Application ☐ Name Change Request Please read the instructions and include all	required documentation. Incor	· · · · · · · · · · · · · · · · · · ·	act Information Request	
Section 2: Required Documents				
If a state agency:				
Identify the statutory authority under wh	ich you seek sponsorship of the	se plates		
The required donation as determined by t	the sponsor is \$			
 outlined. The DOJ will return Once the initial or reworked approve the design by signin Applications may take up to 	nade payable to Montana Correlation MCE, will approve or reject the rejected designs to the sponsor plate design is approved by DO g the back of the proof. six weeks to process.	ectional Enterprises (e initial plate design (por's liaison outlining th U, MCE, and the Mont	oroof) based on the spenereasons for disappro	ecifications eval.
If this is a Name Change Request, you mus New Application (MV116)	t include the following docume	ents:		
outlined. The DOJ will return	to sponsor a specialty plate. e) of the plate design in a layere design.	ectional Enterprises (e initial plate design (p r's liaison outlining th	(includes 3% administra proof) based on the spe ne reasons for disappro	tion fee per § ecifications val.
approve the design by signinApplications may take up to	g the back of the proof.	, , ,	3 .,,	

If this is an Update Contact Information Request, you can complete and submit this form to the State of Montana MVD

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Section 3: Liaison Information			
Name of Governmental Body's Specialty License Plate Liaison:	E-mail Address:	Telephone Number:	
Mailing Address	City	State	Zip
Section 4: Plate Purpose			
To help educate potential donors, provide a brief summary of how Limit your description to 50 words or less. This information will b	-		
Example: This plate benefits organizations that create or support of public awareness and education programs, scholarship programs,			=
Section 5: Indemnification			
By signing this application, the Sponsor agrees to indemnify, hold employees from and against all loss, damages, injury, liability, su phrase, and graphic on the generic specialty license plate, include proceedings from the use of the name, identifying phrase, and graphic or the special specia	its, and proceedings arising ing but not limited to any lo	from the use of the na	ame, identifying
Section 6: Certification			
 ☐ I understand accept § 61-3-472 through § 61-3-481, MCA ☐ Under penalty of law (§ 61-3-481, MCA), I certify that the and correct to the best of my knowledge, information, an business entity or trust, I have full authority to do so. 	statements made, and info	rmation contained on	
Dated this Day of	, 20		
This is My Legal Signature			
Printed Name:			
Section 7: Department Use Only			
☐ The application for sponsorship is approved☐ The application for sponsorship is rejected for the following	ng reasons:		
Specialty Plate Coordinator Signature:	Date:		

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