

## Application for Claim Release Ownership Document

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Fees: \$12:36 for light vehicles, trucks and buses weighing less than one ton (fees include 3% administration fee per § 61-3-111). I am/we are the applicant(s) making claim of ownership on the following motor vehicle (defined as self-propelled **Applicant Section** vehicles designed to transport on MT highways), it does not include non-motorized trailers, vehicles designed for off-road use including motorcycles, quadricycles, side by sides, snowmobiles, or vessels. DL/FEIN/Tribal ID/Corp. ID\* 1. Applicant Business Name: 2. Business Address: City: State: Zip Code: County: 3. Mailing Address: City: State: Zip Code: County: Email Address: Phone Number: 4. Certificate of Ownership (title or salvage certificate) mailing address if different than above (e.g., mail to auction, etc.) Business associated with this address: State: Street/P.O. Box: City: Zip: 5. Vehicle/ Identification Vehicle Description Number 7. Make 8. Model 10. Color 6. Year 9. Body Style When insurer does not surrender 11. Title No. 12. Title Date 13. Issuing State the Certificate of Ownership, complete fields 11-14: 14. Business Name and Address: **Ownership Date** Date insurer acquired ownership: **Certification by Applicant** Under penalty of law (§ 45-7-203, MCA), I certify that: The vehicle described above meets the definition of a salvage vehicle pursuant to § 61-3-210, MCA. I have compared the vehicle identification number shown on the face of this application with the vehicle identification number affixed to the vehicle and they agree. The insurer provided a Claim Release Statement to the auto auction dealer pursuant to § 61-3-211(8), MCA. The auto auction dealer sent notice to the vehicle owner and lender as required in § 61-3-211(8), MCA. The auto auction dealer has complied with all requirements outlined in § 61-3-211(8), MCA. Signature Certification 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. Date: Signature – this is my legal signature Printed Name of Applicant If applicant is a Business Entity, give full name

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