

Franchise Application Addendum

Office Use Only

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

Please complete the infor	mation, sign this form, and return i	t to our office so we can up	odate your file.
Dealer Name: Dealer Number:			
•	ortion if selling <u>new</u> motor owmobiles, quadricycles, o h:	-	• • •
Franchisor	Address	Vehicle Type(s)	Agreement Expiration Date
The Manufacturer must be	licensed with our office before any	vehicle can be distributed	within our state.
this form are true and corre	45-7-203), I certify that the statem ct to the best of my knowledge, info signing for a business entity or true	ormation, and belief; I am	the person
Signature of owner/corporate of	officer (if corporate officer, give title)	Date	