



Transfer of Dealership

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PLEASE PRINT P.O. Box 201431 Helena, MT 59620-1431 • Phone (406) 444-3661 • Fax (406) 444-0116 • dojdealernfo@mt.gov • mvdmt.gov

§ 61-4-106, MCA: A registered dealer or wholesaler who sells or disposes of his entire business to another person may have his certificate of registration transferred to the purchaser upon filing with the department a statement containing the name of the registered dealer or wholesaler, the number under which the business is registered, the name of the purchaser, and the location of the place of business so sold. A certificate of registration may not be transferred unless the entire business of the dealer or wholesaler holding the certificate of registration is sold and disposed of, and a certificate of registration may not be transferred to any person other than the purchasers of the business.

Please submit the following items with this application:

- \$4.00 (\$2.00 application fee and \$2.00 transfer fee)
- Application for Dealer License (Form MV25)
- New bond and certificate of liability insurance for the new owner(s). The bond must be in the business name and show the business street address.
- If a dealership name is changing, the Dealer Application for Name Change (Form MV28) and requirements listed on that form.
- If you are selling new vehicles, you must provide a letter from your franchisor approving the change.

Must Create a Dealer Log-in for the MVD Business Portal

- The MVD Business Portal and detailed instructions for creating and managing an account can be found at <https://mvdmt.gov/dealer-services/>

Registered Dealer Name		Dealer or ELT Number		
Business Address:	City:	State:	Zip Code:	County:

☐ Under penalty of law (§ 45-7-203, MCA) the statements made, and information contained on this form (page 1 and 2) are true and correct to the best of my knowledge, information, and belief. If signing for a business entity or trust, I have full authority to do so.

Signature of Seller (this is my legal signature)

Date

Notary Use Only

State of	County of	Signed before me on (date)	Notary Stamp/Seal
By (clearly print name of person signing form)			
Notary signature			

Purchaser Name				
Location	City:	State:	Zip Code:	County:

☐ Under penalty of law (§ 45-7-203, MCA) the statements made, and information contained on this form (page 1 and 2) are true and correct to the best of my knowledge, information, and belief. If signing for a business entity or trust, I have full authority to do so.

Signature of Purchaser (this is my legal signature)

Date

Notary Use Only

Do not notarize or verify unless signed in your presence and printed name of applicant is listed.

State of	County of	Signed before me on (date)	Notary Stamp/Seal
By (clearly print name of person signing form)			
Notary signature			