



# Application for Military Registration

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PLEASE PRINT P.O. Box 201430 Helena, MT 59620-1430 • Phone (406) 444-3933 • Fax (406) 444-2086 • [titleinfo@mt.gov](mailto:titleinfo@mt.gov) • [dojmt.gov](http://dojmt.gov)

This application must be submitted to the county treasurer's office. If stationed aboard the USS Montana, the application must be submitted to the Lewis and Clark Treasurers Office. Upon completion and submission of this application for registration a Montana resident who is stationed outside of Montana and entered active military duty from Montana, or is a current resident of Montana on active military duty, stationed outside of Montana, including a National Guard or Reserve member, may register a motor vehicle that he or she owns and operates without paying certain light vehicle registration fees, fees in lieu of property tax, and county option taxes as otherwise required (other taxes and fees may be due).

Application must be made each year for any motor vehicle for which Montana law requires annual renewal of registration.

Are you a resident of Montana? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you, or have you ever, been stationed aboard the USS Montana? <input type="checkbox"/> Yes <input type="checkbox"/> No (if yes, you must use an APO address)		
_____ Current Mailing Address or APO			
_____ City	_____ State	_____ Zip	_____ Country
_____ Phone Number	_____ Email Address		
_____ Driver License No.	_____ DL State		

**I certify that:**

**The state of Montana is my domicile; I was a MT resident at the time I entered active military duty; and my MT residence was/is:**

_____ Street Address	_____ City
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**I am the registered owner of the following vehicle:**

_____ Year	_____ Make	_____ Model	_____ License Plate #
_____ VIN#	_____ Title #	_____ Gross Vehicle Weight (GVW)	

**I am on active military duty as stated below:**

_____ Branch of Service:		
_____ Duty Station Address or APO		
_____ Rank	_____ Legal Last Name	_____ Legal First Name

I certify under penalty of law (§ 45-7-203, MCA Unsworn Falsification to Authorities) the statements made on this form, as recorded in the personnel and financial records of my military service, are true and correct to the best of my knowledge.

_____ Owner/Applicant Signature	_____ Date
_____ Unit Commander/Supervisor Signature	_____ Date