



Vehicle Services Bureau

Application for County Numbered Plates by a United States Government Agency

Office Use Only

P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431

Phone (406) 444-3661 Fax (406) 444-0116 • mvdtitleinfo@mt.gov

Pursuant to § 61-3-701, MCA the undersigned applies for issuance of county plates and certificates of registration for registration purposes only (limited to passenger cars, trucks weighing 1 ton or less, trailers, semi-trailers and pole trailers). **Submit this completed and signed form to your agency's local County Treasurer's Office.**

Agency information:

Printed name of authorized official: _____ Phone #: _____

Department: _____ Email: _____

Division: _____ Fax #: _____

Address: _____

If different, name and Montana address to be on the receipt: _____

Action requested (check one):

Issue new plate Renew plate number: _____ Transfer plate number: _____

Vehicle information:

Year: _____ Make: _____ Model: _____ Style: _____

Color: _____ Vehicle Identification No.:

Unladen weight: _____ U.S. Government plate number: _____

Fees for NEW PLATES:

(Trailers are exempt from the State Parks fee.)
License plates \$10.30
Access to Fishing Access Sites and State Parks ... \$ 6.18
Postage and handling if applying by mail..... \$ 3.09
Total \$ _____

Fees for TRANSFER of plates:

(Applicable only if the passenger car, truck, trailer, semi-trailer or pole trailer has not been previously registered. Trailers are exempt from the State Parks fee.)
Access to Fishing Access Sites and State Parks \$ 6.18
Postage and handling if applying by mail..... \$ 1.03
Total \$ _____

Fees for RENEWAL of a PASSENGER CAR or TRUCK:

(Trailers do not require renewal.)
Access to Fishing Access Sites and State Parks.... \$ 6.18
Postage and handling if applying by mail \$ 1.03
Total \$ _____

Fees include 3% administration fee per § 61-3-111, MCA.

I certify under penalty of law (**§ 45-7-203, MCA Unsworn Falsification to Authorities**) that the statements made on this form are true and correct to the best of my knowledge, information and belief.

Title of authorized official: _____

Signature of authorized official: _____ Date: _____

(This is my legal signature)

****Submit this completed and signed form to your agency's local County Treasurer's Office.****