



Transit Quarterly Report

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

Under the provisions of § 61-4-302, MCA, payment of a one-trip fee of \$5.15 per driven vehicle is payable to the Vehicle Services Bureau, PO Box 201431, Helena MT 59620-1431. **A person moving new or used mobile homes is not subject to the one-trip fee.** Please complete the following report and return it to this office, along with all trip fees (if required), by the date specified below.

I certify that during the (check one only):

- ☐ 1st quarter ending **March 31st** (payment must be received by this office no later than **April 15th**)
- ☐ 2nd quarter ending **June 30th** (payment must be received by this office no later than **July 15th**)
- ☐ 3rd quarter ending **September 30th** (payment must be received by this office no later than **October 15th**)
- ☐ 4th quarter ending **December 31st** (payment must be received by this office no later than **January 15th**)

The undersigned company made the following number of trips, and the total fee (if required) is enclosed with this report.

Months of the Quarter	Number of Trips per Driven Vehicle (fee required)	Number of Trips per Mobile Home (no fee required)	Amount Due total below
1 st Month			
2 nd Month			
3 rd Month			
Total			

Business Name: _____ Transit License # _____

DBA Name (if applicable) _____

Business Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone Number: _____ Email: _____

I certify under penalty of law (**§ 45-7-203, M.C.A., Unsworn Falsification to Authorities**) that the statements made and information contained on this form are true and correct to the best of my knowledge, information and belief and if I am signing for a commercial entity, I have full authority to do so.

Date Signature Title/Official Capacity

Total Due: \$
from above