DEALER POINT
MVT TRANSACTIONS

MONTANA

DEALER

Dealership

Address

City, State, ZIP

CUSTOMER

Name

Address

City, State, ZIP

VEHICLE

Year, Make, Model

VIN

Milage

Gross Vehicle Weight

DEAL

Deal Number

Transfer Plate Number

Expiration Date

INSURANCE

Policy Number

Company (ie: Farmers, Geico, State Farm

LIENHOLDER

Name

Address

City, State, ZIP

ELT Code

CHECKLIST

TITLE (can be signed by POA)

* If there is a spot for notarization, it must be notarized

☐ The original Title and any supporting reassignments

TITLE APPLICATION

☐ Completed Title Only Application FORM MV1

PROOF OF IDENTIFICATION (Business)

SELECT ONE

☐ Copy of Official Document listing Federal ID Number

☐ Tax Certificate

☐ Articles of Incorporation

PROOF OF IDENTIFICATION (Individual)

☐ Copy of Valid Montana Drivers License

☐ Out of State Drivers License

Must provide FRONT & BACK copy of Drivers License
a copy of Passport is acceptable

BILL OF SALE / RETAIL PURCHASE AGREEMENT

☐ Completed Bill of Sale Form / Retail Purchase Agreement

ODOMETER DISCLOSURE FORM

☐ Completed Odometer Disclosure Statement FORM MV90A

PROOF OF INSURANCE

(Insurance Card that includes the following)

☐ Policy Number

☐ Name of Registrant

☐ Effective and Expiration Date

☐ Must have Sale Vehicle

TRANSFER REGISTRATION

☐ Provide a copy of current registration

LIEN ASSIGNMENT

UCC AND/OR Full Finance Contract

☐ Completed Lien Assignment FORM

POWER OF ATTORNEY

☐ Completed Power of Attorney FORM MV65

CLEAR FORM

Dealer Point MVT

Application for Certificate of Title for a Motor Vehicle

FOR OFFICIAL USE ONLY

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

Fees: $12:36 for light vehicles, trucks and buses weighing less than one ton; $10.30 for all other vehicles (fees include 3% administration fee per § 61-3-111). Additional fees and taxes will be due upon registration.

A Applicant Section

Applicant's Legal Name (first, middle, last):			DL/FEIN/Tribal ID/Corp. ID*	State Issued:
Co-Applicant's Legal Name (first, middle, last):	Please indicate if owner or lessee: ☐ Owner ☐ Lessee		DL/FEIN/Tribal ID/Corp. ID*	State Issued:
Mailing Address:	City:	State:	Zip Code:	County:
Residential Address:	City:	State:	Zip Code:	County:
Phone Number:		Email Address:		
Are you able to receive text messages at this number? ☐ Yes ☐ No		Contact Preference: ☐ E-mail ☐ Phone		

B Vehicle Section

Manufacturer's Suggested Retail Price when new (§ 61-3-503, MCA) $	Year:	Make:	Model:
Vehicle Identification Number: / Color:	Fuel Type:	Unladen Weight ☐ 2,850 lbs. or less ☐ Over 2,850 lbs.	**Motor Home Class** ☐ A ☐ B ☐ C

Trucks over One Ton: Manufacturer's Rated Capacity: _____

Trailer/Travel Trailer/ Camper/Motor Home: Declared Weight: _____ Length: _____

☐ Street Rod ☐ Custom Vehicle
☐ Kit Vehicle ☐ Specialty Constructed Vehicle

C Is there a security interest or lien against this vehicle?

☐ No – go to Section D
☐ Yes – complete this section and submit a filing fee of $8.24 for each security interest or lien.

Name of Security Party or Lienholder	DL/FEIN/Tribal ID/Corp. ID*		
Mailing Address of Secured Party or Lienholder:	City:	State:	Zip:

D Odometer/Statement of Sale Section

Under penalty of law (§ 45-7-203, MCA), I certify that:

The vehicle described above was sold ☐ new ☐ used to the applicant named in Section A on (date): _____

Print Sellers Name _____ Sellers Address _____

The (check one) ☐ five-or ☐ six-digit odometer now reads (no tenths) _____ Miles Date read: _____

And to the best of my knowledge, it reflects the actual mileage unless one of the following statements is checked:

DO NOT CHECK UNLESS APPLICABLE	☐ The odometer reading reflects the amount of mileage **in excess of its mechanical limits**
	☐ The odometer reading is not the actual mileage. **Warning – odometer discrepancy**

If signing for a business entity or trust, I have full authority to do so.

Date: _____ Dealer's License Number _____ Signature of Dealer's Agent – this is my legal signature

E Applicant's Acknowledgement

Under penalty of law (§ 45-7-203, MCA), I certify that:

- I am one of the applicants named in Section A;
- I am aware of the odometer certification made in Section D;
- I have provided the appropriate identification number to the Department;
- The statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and signing for a business entity or trust, I have full authority to do so.

Date: _____ Signature – this is my legal signature

If applicant is a Business Entity, give full name _____ Printed Name of Applicant

*DL-Driver License Number; FEIN – Federal Employer Identification Number; Tribal ID – Tribal Identification Card; Corp. ID – Corporate Identification; CID – Customer Identification Number

Vehicle Services Bureau

Odometer Disclosure Statement

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

This form must be completed in its entirety.

Required for vehicles model 2011 or later. A vehicle having a gross weight rating of more than 16,000 pounds is exempt. A secure Power of Attorney form must be used to acknowledge the odometer reading when the power of attorney is signing off for the registered owner (i.e. seller); form MV90A cannot be used in this situation.

Vehicle			
Year	Make/Manufacturer	Model	Type
Vehicle Identification Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐			

Odometer Reading

Federal law (and state law if applicable) requires the current owner to state the mileage (odometer reading) upon transfer of ownership. Failure to do so, or providing a false statement, may result in fines and/or imprisonment.

I state that this (check one) 5 ☐ or 6 ☐ digit odometer now reads _____ (no tenths) miles, date read _____, and to the best of my knowledge, it reflects the actual mileage **unless one of the following statements is checked (do not check unless applicable):**

☐ The odometer reading reflects the amount of mileage **in excess of its mechanical limits.**

☐ The odometer reading is not the actual mileage. **Warning—odometer discrepancy.**

Transferor (seller) Section			
Printed Name of Transferor **(seller)**			
Street Address	City	State	Zip Code
Signature		**Date**	

Transferee (buyer) Section			
Printed Name of Transferee **(buyer)**			
Street Address	City	State	Zip Code
Signature		**Date**	

Montana county and state authorities reserve the right to reject any form that has been altered.

This form is available in alternate formats for people with disabilities.

Vehicle Services Bureau
P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431 Phone (406) 444-3661 Fax (406) 444-0116 ● mvdtitleinfo@mt.gov

Power of Attorney

MVD Use Only

The power of attorney must be exercised by the person or company named on this form, and is only valid on the title or on the document for which the authority is granted.

If an **individual** holds the power of attorney, that person must write the name of the owner, followed by his/her signature and "POA." Example: Sharon Smith by Jane Doe POA (Sharon Smith is the owner and Jane Doe is the person named as representative on the power of attorney).

If a **business** holds the power of attorney, the representative of that business must write the name of the owner followed by the name of the business, and then his/her signature and "POA." Example: Sharon Smith by Morrison's Garage George Morrison POA.

The vehicle owner/applicant must complete this section:

I (print your legal name)	Address, City, State and Zip Code

Appoint (print the name of the business or individual)
Name

Address Address	City	State	Zip Code

Email Address	Phone Number

as my attorney in fact with full authority to execute any and all instruments, documents, affidavits, etc. to effect registration, transfer of title, application for title, or _____
in my place and stead on the following motor vehicle/vessel:

Title Number	Year	Make	Model

Vehicle Identification Number	Color	License Plate Number

I state that the (check one) ☐five or ☐six digit odometer now reads (no tenths) _____ miles,
date read _____ and to the best of my knowledge it reflects the actual mileage **unless one of the following statements is checked:**

DO NOT CHECK UNLESS APPLICABLE	☐ The odometer reading reflects the amount of mileage **in excess of its mechanical limits.** ☐ The odometer reading is not the actual mileage. **Warning – odometer discrepancy.**

Under penalty of law (§ 45-7-203, MCA), I certify that the statements made and information contained on this form are true and correct to the best of my knowledge, information, and belief; I am the person named on this form; and, if signing for a business entity or trust, I have full authority to do so.

Owner/Applicant 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 (if applicable): I certify that the odometer reading made above by the vehicle owner/applicant is correct.

Purchaser's signature (this is my legal signature—only one signature is required)	Purchaser's printed name

Date	If applicant is a firm or corporation, print full name

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Limited Power of Attorney

Date:_____

I, Expiration Date _____

hereby name and appoint _____

or _____

to act for me, in applying for an original or duplicate certificate of title, to register, transfer title, or record a lien to the motor vehicle, mobile home or vessel described below, and to print my name and sign their name in my behalf. My attorney-in-fact can also file for and collect any overpayment of fees and taxes from the state office to which said overpayment was remitted. My attorney-in-fact can also do all things necessary to the application or any other related instrument and to bind me in as sufficient a manner as I myself could do, were I personally present and signing the same.
With full power of substitution and revocation, I hereby ratify and confirm whatever my said attorney-in-fact may lawfully do or cause to be done in respect of registering or titling the below- referenced vehicle.

Year: _____ Make:_____ VIN: _____

Transferor's Signature: _____

On this _____ day of _____ 20_____ before me personally appeared

_____ whose identity was proven to be based on satisfactory evidence to be the person who he or she claims to be and acknowledged that he or she signed the above document.

_____

(Affix Seal Here)

THIS FORM IS INVALID WITHOUT NOTARIZATION