



Vehicle Services Bureau

# Application for Replacement Certificate of Title

MVD Use Only

P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431 • Phone (406) 444-3661 Fax (406) 444-0116 • [mvdtitleinfo@mt.gov](mailto:mvdtitleinfo@mt.gov)

## 1. Fees:

**Make checks payable to "State of Montana"**

Replacement title fee \$10.30

Replacement title adding a new security interest/lien \$14.42 (form [MV81B](#) must also be submitted)

**Fees include 3% administration fee per [MCA 61-3-111](#)**

Any update of personal information (e.g., legal name change); Montana driver license must be updated before proceeding with this option. A copy of the license is required. Go to <https://dojmt.gov/driving/driver-licensing>

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## 2. Vehicle Information:

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Title Number (optional) \_\_\_\_\_

Vehicle/Vessel/OHV Identification No:

License Plate Number \_\_\_\_\_ Year Expired \_\_\_\_\_ MT Boat Number \_\_\_\_\_

## 3. Registered Owner Information:

Registered Owner (1) (please print) \_\_\_\_\_ \* (Required) DL/FEIN/Tribal ID/Corp ID (owner one)

Registered Owner (2) (please print) \_\_\_\_\_ \* (Required) DL/FEIN/Tribal ID/Corp ID (owner two)

I authorize the replacement certificate of title to be mailed to:

Street/P.O. Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Name associated with this address (e.g., mail to a dealership, etc.): \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

- 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 same person named on the face of the title;
- If signing for a business entity or trust, I have full authority to do so; and
- The title is lost, mutilated, or illegible and I request that a replacement be issued and sent to the address shown.

Printed Name of Registered Owner (only one owner's name is required) \_\_\_\_\_

Legal Signature of Registered Owner (only one owner's signature is required) \_\_\_\_\_ Date \_\_\_\_\_

**★ Be sure to complete all sections, sign this form, and include payment before mailing. ★**

\*DL=Driver License number; FEIN=Federal Employee Identification Number; Tribal ID=Tribal Identification card number; Corp ID=Corporate Identification number