

Request for Foreign Title Transfer

Office Use Only

Vehicle Services Bureau

P.O. Box 201431, 30	22 N Roberts, Helena, MT 59620-	-1431 Phone (406) 444-3661 Fax (4	106) 44 4 -0116 • m	vdtitleinfo@mt.gov
	*** Do not mail th	nis form to the Vehicle Servi	ices Bureau;	
	send th	nis form to your lender. ***	:	
Secured Party N	ame and Address:	•		
registration for t	heir vehicle/vessel. The f	tana from another jurisdiction mufollowing applicant requests that scounty treasurer** so that he/s	you send the orig	inal title(s) for
Applicant Name		_		
Vehicle Year	Make/Manufacturer	Identification Number		
Vehicle Year	Make/Manufacturer	Identification Number		
Vehicle Year	Make/Manufacturer	Identification Number		
addre	ss below:			
	Spe	ecial Mailing Authorization		
	. If you wish to have the			
here (titles will r	not be mailed to in-state	Montana title(s) returned to you, addresses):	enter your name	and address
here (titles will r	3	• /	enter your name	and address
	3	addresses):	enter your name	
Secured Party Name Address	not be mailed to in-state	DL/FEIN/Tribal ID/Corp ID*	State	Date
Secured Party Name Address Registered Ow	not be mailed to in-state ner: I authorize the Veh amed above:	DL/FEIN/Tribal ID/Corp ID*	State	Date