Print Form

Montana Department of Justice
MVD
Motor Vehicle Division
Safety • Efficiency • Dependability
Title and Registration Bureau

Application for Military Registration

MVD Use Only

1003 Buckskin Drive, Deer Lodge, MT 59722-2375 • Phone (406) 444-3661 Fax (406) 846-6039 • mvdtitleinfo@mt.gov

Upon completion and submission of this application for registration, sworn to before an officer authorized to administer oaths, a Montana resident who entered active military duty from Montana, including a National Guard or Reserve member, and who is stationed outside Montana, may register a motor vehicle that he or she owns and operates without paying certain light vehicle registration fees, fees in lieu of property tax and county option taxes as otherwise required (other taxes and fees may be due).

Application must be made each year for any motor vehicle for which Montana law requires annual renewal of registration.

Did you enter the military from Montana? ☐ Yes ☐ No

I certify that (please print)**:**

- **The State of Montana is my domicile, I was a Montana resident at the time I entered active military duty, and my Montana residence is:**

  Street Address _____ City* _____

  ******This application must be submitted to the treasurer's office for this city/county*

- **I am the registered owner and operator of the following vehicle:**

  Year _____ Make _____ Model _____ License Plate #_____

  VIN _____ Title #_____ GVW _____

- **I am on active military duty as stated below:**

  Name _____

  Rank and Driver License Number _____

  Organization Unit _____

  Immediate Commanding Officer _____

  Duty Address _____

- **Under penalty of law,** the statements made on this form, as recorded in the personnel and financial records of my military service, are true and correct to the best of my knowledge, information and belief.

_____ _____

Owner/Applicant Signature Date

DO NOT NOTARIZE OR VERIFY UNLESS SIGNED IN YOUR PRESENCE AND PRINTED NAME OF OWNER/APPLICANT IS LISTED

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			

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.