



Certificate of Title Replacement Application MV7

FOR OFFICIAL USE ONLY

PO Box 201431 • Helena, MT • 59620-1431 • Phone 406-444-3661 • Fax 406-444-0116 • mvdtitleInfo@mt.gov • mvdmt.gov

1. Vehicle Information

Year	Make	Model	Title Number (optional)
VIN/HIN			
License Plate Number	Year Expired	MT Boat Number	

2. Registered Owner Information

Owner Name
Owner DL/FEIN/Tribal ID/Corp ID
Co-owner Name
Co-owner DL/FEIN/Tribal ID/Corp ID

I authorize the certificate of title replacement be mailed to this name and address (e.g. mail to dealership, etc.):

Name			
Address	City	State	Zip
Email	Phone		

Under penalty of law ([MCA, 45-7-203](#)), 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 the 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 Applicant

Legal Signature of Applicant

Date (mm/dd/yyyy)

3. Fees

Be sure to complete all sections, sign this form, and include payment before mailing. Make checks payable to "State of Montana." Replacement Title Fee: \$10.30. Fees include 3% administration fee per [MCA, 61-3-111](#).

*DL: Driver License # | FEIN: Federal Employer Identification # | Tribal ID: Tribal Identification # | Corp ID: Corporate Identification #

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.