

Card Dealer License Application

PARTMEN		For Office Use O	nly	
Requirements:		Account ID:	CDL	
1) \$75 License Fee;		M.O./Check No		
2) Personal History State		Amount \$		
3) Two (2) Fingerprint Ca	ards & \$30.00 Fee;			
4) Photo & Signature tak		Vehicle Division Office		
,			CLEAR FORM	
Nigor of Applicant			CLEAR FORM	
Name of Applicant				
Mailing Address				
J				
City	State	Zip Code		
Phone Number		Alternate Phone	e Number	
Social Security Number Ema		Email	<u>Email</u>	
I declare under penalty of law true, correct, and complete to t	•	•	swers contained here are	
Signature of Applicant		Date		
completed application, a Persona	al History Statement (Form	rson and submit to an investigate 10), two complete sets of fingerp orary license, the below fields mu	orints, and the	
Business Name		Account Number		
Applicant Date of Hire	Name of Employer	Signature of Em	nployer	
Temporary License Approval				
Signature of Investigator	Pri	nted Name	Date	
- P	Montana Department of Jus 615 South 27th St., Suit			