



Governmental Body Application to Sponsor a Specialty License Plate

Office Use Only

Fee: \$4,120 (fee includes 3% administration fee per MCA 61-3-111 make check payable to Montana Correctional Enterprises)

P.O. Box 201431 Helena, MT 59620-1431 • Fax (406) 444-2086 • Email mvdtitleinfo@mt.gov • www.dojmt.gov/driving

Complete this application and submit it to the above address.

Applicant Section

Name of governmental body:			
Physical address (required):	City:	State:	Zip:
Mailing address (if different from above):	City:	State:	Zip:
Tax ID Number:	Website address:		Phone Number:

If a state agency:

Identify the statutory authority under which you seek sponsorship of these plates: _____

Specify the account in which plate donations will be placed: _____

The **required donation** as determined by the sponsor is \$_____

Once license plate design is approved and released, donations may be received electronically by sending an email to dojmvdfiscal@mt.gov Liaison Section

Name of governmental body's specialty license plate liaison (please print):		Email address:	Telephone number:	
Mailing address:	City:	State:	Zip:	

Plate Purpose Section

To help educate potential donors, provide a brief summary of how your organization will use the funds collected from your plate. **Limit your description to 50 words or less.** This information will be posted with your plate on the Motor Vehicle Division website.

Example: This plate benefits organizations that create or support autism awareness programs. This plate generates funds for research, public awareness and education programs, scholarship programs, and to provide support for caregivers for individuals with autism.

Certification Section:

- I understand and accept MCA 61-3-472 through 61-3- 481 sponsor plate requirements.
- 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 person named on this form; and, if signing for a business entity or trust, I have full authority to do so.

Dated this _____ day of _____, 20_____

This is My Legal Signature _____

Printed Name _____

Department use only:

The application for sponsorship is approved.

The application for sponsorship is rejected for the following reasons:

MVD Liaison Signature:	Date:
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