



# Montana Collegiate License Plate Design Application

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PLEASE PRINT P.O. Box 201431 Helena, MT 59620-1431 • Phone (406) 444-3661 • Fax (406) 444-2086 • [mvdtitleinfo@mt.gov](mailto:mvdtitleinfo@mt.gov) • [dojmt.gov](http://dojmt.gov)

This form is used by Montana Institutions when designing or redesigning a collegiate license plate. Complete the application and submit it to the address above.

## Section 1: Applicant Information

Name of College/University (AKA Institute)			
Physical Address (required)	City	State	Zip
Mailing Address (if different from above)	City	State	Zip
Tax ID Number	Website Address	Phone Number	

## Section 2: Liaison Information

Name of governmental body's specialty license plate liaison:	E-mail address:	Telephone number:	
Mailing Address	City	State	Zip

## Section 3: Requirements

- The institution must meet the definition provided in § 61-3-462(2).
- The required plate donation is \$30, which is paid by the customer through the title and registration process at their local county treasurer's office.
  - Once the license plate design is approved and released, donations may be received electronically by sending an email to [dojmvdfiscal@mt.gov](mailto:dojmvdfiscal@mt.gov)
- Collegiate license plate must follow the template requirements outlined in the Plate Template Section of this form.

## Section 4: Collegiate Plate Template





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## Section 5: Indemnification

By signing this application, the Sponsor agrees to indemnify, hold harmless, and release DOJ/MVD and their officers, agents, and employees from and against all loss, damages, injury, liability, suits, and proceedings arising from the use of the name, identifying phrase, and graphic on the generic specialty license plate, including but not limited to any loss, damages, injury, liability, suits, or proceedings from the use of the name, Identifying phrase, and graphic.

## Section 6: Certification

- I understand and accept § 61-3-472 through § 61-3-481, MCA sponsor plate requirements.
- Under penalty of law (§ 61-3-481, MCA), 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 \_\_\_\_\_

Printed name

Legal signature

## Section 7: Department Use Only

- The application for sponsorship is approved
- The application for sponsorship is rejected for the following reasons:

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MVD Liaison Signature:	Date:
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