



Application for Claim Release Ownership Document

FOR OFFICIAL USE ONLY

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PLEASE PRINT

Applicant Section 1. I am/we are the applicant(s) making claim of ownership on the following motor vehicle.

Applicants Business Name:		DL/FEIN/Tribal ID/Corp. ID*		
2. Business Address:	City:	State:	Zip Code:	County:
3. Mailing Address:	City:	State:	Zip Code:	County:
Email Address:	Phone Number:			

4. Certificate of Ownership (title or salvage certificate) mailing address if different than above (e.g., mail to auction, etc.)
 Business associated with this address: _____
 Street/P.O. Box: _____ City: _____ State: _____ Zip: _____

Vehicle Description	5. Vehicle/ Identification Number									
6. Year	7. Make	8. Model	9. Body Style			10. Color				

When insurer does not surrender the Certificate of Ownership, complete fields 11-14:	11. Title No.	12. Title Date	13. Issuing State
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14. Business Name and Address:

Ownership Date Date insurer acquires ownership: _____

Certification by Applicant Under penalty of law (§ 45-7-203, MCA), I certify that:

- The vehicle described above meets the definition of a salvage vehicle pursuant to § 61-3-210, MCA.
- I have compared the vehicle identification number shown on the face of this application with the vehicle identification number affixed to the vehicle and they agree.
- The insurer provided a Claim Release Statement to the auto auction dealer pursuant to § 61-3-211(8), MCA.
- The auto auction dealer sent notice to the vehicle owner and lender as required in § 61-3-211(8), MCA.
- The auto auction dealer has complied with all requirements outlined in § 61-3-211(8), MCA.

Signature Certification

- Under penalty of law (§ 45-7-203, 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.

Date: _____ Signature – this is my legal signature _____

If applicant is a Business Entity, give full name _____ Printed Name of Applicant _____

*DL-Driver License Number; FEIN – Federal Employer Identification Number; Tribal ID – Tribal Identification Card; Corp. ID – Corporate Identification; CID – Customer Identification Number