



Non-profit 501 (c)(3) Organization 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 organization			
Physical address <i>(required)</i>	City	State	Zip
Mailing address <i>(if different from above)</i>	City	State	Zip
Tax ID Number	Website address		Phone Number

Requirements Section

1. Copy of the applicant's Internal Revenue Service (IRS) determination letter showing their tax-exempt status per federal code 26 USC 501(c)(3).
 - a. The date of this letter must be at least one year prior to the application date.
2. Copy of signed charter or bylaws including board of directors.
3. Proof that the organization is in good standing with the Montana Secretary of State
4. When a Parent Company exists.
 - a. Proof that the applicant is in good standing and has permission from their parent organization to use the parent's name and graphic. A signed letter on the parent's letterhead is acceptable proof.
5. Proof that the organization's headquarters or base of operations is in Montana.
 - a. An item showing a Montana address associated with the business, for example lease agreement, utility bill etc.
 - b. Proof the organization has an active telephone number, for example a copy of a telephone bill.
6. Proof the organization banks with a Montana banking institute.
 - a. Bank routing and account information must be faxed to Attn: Specialty plates at 406-444-2086
7. W-9 form, which can be obtained at www.irs.gov

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

- a. 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 organization'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.

Signature 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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