



Vehicle Services Bureau

# Vehicle/Vessel/OHV Identification Number Inspection Certificate

MVD Use Only

P.O. Box 201431, 302 N Roberts, Helena, MT 59620-1431 Phone (406) 444-3661 Fax (406) 444-0116 • [mvdtitleinfo@mt.gov](mailto:mvdtitleinfo@mt.gov)

**Salvage vehicles only:** A fee of **\$19.06** (fee includes 3% administration fee per [MCA 61-3-111](#)) must be paid to your local driver services station prior to the inspection. Additional fees and taxes may be due upon registration.

### \*\* This Section Must Be Completed by the Applicant \*\*

License Plate Number		Expiration Date		State of Registration	
Owner/Applicant Name					
Address			City		State
					Zip Code
Email Address				Phone Number	

### \*\* This Section Must Be Completed by the Inspecting Officer \*\*

Level of inspection (check one): 1  2

**Notice:** A **Level 2 inspection** must be conducted by a Montana Department of Justice employee or Montana Peace Officer.

\$18.50 fee required? No  Yes  Fee paid? No  Yes  Check Number \_\_\_\_\_

Year	Make/Manufacturer	Model	Color	Body Style	Length
Vessel MT Number	Vessel Use	Vessel Propulsion	Vessel Material	Vessel Length FT.      IN.	Vessel Type

Vehicle/Vessel/OHV Identification No:

The vehicle has (check one): an odometer  a kilometer

(check one) five  six  digits      Odometer/Kilometer Reading:

Describe where the vehicle/vessel/OHV identification number of the **Body** was located:

List what **Identifiers** you found (Public VIN, federal standards, firewall, NHTSA, etc.):

When requested to inspect the **Frame or Secondary VIN**, indicate the number:

If vehicle/vessel/OHV has a salvage title, indicate the title number and state it is from:

I certify that I have physically inspected this vehicle/vessel/OHV and determined that the information provided is correct.  
Remarks (use reverse side if more space is needed):

Signature of Inspector		Date	Badge Number (if applicable)
Printed Name of Inspector		Law Enforcement Department or Agency	State