

## Certificate of Trailer Number Assignment

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

SNTR _				МТ
(Note: The	e assigned numbers are issued b	y the County Treasurer, under provisio	ons of MCA 61-3-107.)	
VEHICLE	INICODMATION			
VEHICLE	INFORMATION			
Year	Make	Model	Style	
APPLICA	NT SECTION			
Applicant's Printed Name			Driver Lice	nse Number
Address		City	State	Zip
Email Address	ail Address Phone Number			
NOTICE:				
<ul> <li>The counf form is su</li> </ul>		umber on a <u>manufactured</u> trailer	r until a completed MV2	0 (Stage 1)
		umber on a <u>homemade</u> trailer ui	ntil the following statem	ent is signed:
	o other identification numb		, and the second	J
rooting that h		or oxide on this trailor.		
Applicant's Leg	gal Signature		Date	
		t be stamped in its entirety— <b>inc</b> ont end where it may be clearly		MT—on the
Have a Highway Patrol trooper, local peace officer, or an employee of a driver licensing station verify the stamped number and complete the inspection certificate below.				
Return this completed form promptly to the county treasurer to obtain registration. Failure to do so shall result n cancellation of the assigned identification number.				
INSPECTI	ON CERTIFICATE			
I certify that I	have physically inspected the	his trailer and determined that the	e assigned SNTR numb	er as recorded
above is stam	nped in its entirety in accord	ance with the instructions and th	nat the trailer is as descri	bed above.
Signature of In	spector		Date	
Oignature or in	Special		Date	
Printed Name	of Inspector			
Law Enforcement	ent Agency		Badge Nur	mber

Printed Name of Law Enforcement Agency