

**APPLICATION FOR REGISTRATION OF VEHICLES
OPERATED UNDER AUTHORITY ISSUED BY
THE MONTANA PUBLIC SERVICE COMMISSION**

Date _____ PSC Operating Authority Number _____

Applicant _____

Mailing Address _____

City _____ State _____ Zip Code _____

The above applicant hereby applies for the issuance of a receipt for the registration of the below listed number of vehicle(s) which the applicant intends to operate within the borders of the state of Montana during the period for which such registration receipt is effective (January 1st through December 31st of each year). The operation of such vehicle(s) shall be pursuant to authority issued to the applicant by the Montana Public Service Commission.

Applicant operates _____ (list number of vehicles operated) and encloses \$ _____, which represents a \$5.00 registration per vehicle operated in the state of Montana for the year 2020.

I, the undersigned, under penalty for false statement, do hereby certify that the information contained on this Application is true and correct and that I am authorized to execute and file this document on behalf of the above applicant.

Signature _____

Name/Title _____

Phone _____

Email _____

If your application is not postmarked by January 31, 2020, please enclose a late fee in the amount of \$25 per application.

Please make check payable to: Montana Public Service Commission.

Mail application and check to: Montana Public Service Commission
P.O. Box 202601
Helena MT 59620-2601