

**UNIFORM APPLICATION FOR REGISTRATION OF
VEHICLES OR DRIVEAWAY OPERATIONS OPERATED OR
CONDUCTED UNDER AUTHORITY ISSUED BY THE
MONTANA PUBLIC SERVICE COMMISSION**

Date _____

Applicant _____

Mailing Address _____

City _____ State _____ Zip Code _____

PSC Operating Authority Number _____
(required)

The above applicant hereby applies for the issuance of a receipt for _____
of Vehicles

(\$5.00 per vehicle) for the registration of the vehicle(s) which the applicant intends to operate, or driveaway operations which it intends to conduct, 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), or the conduct of such driveaway operations, shall be pursuant to authority issued to the applicant by the Montana Public Service Commission. Please make checks payable to: Montana Public Service Commission.

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

(Signature)

(Title)

(required) **PHONE:** _____

This registration receipt is being ordered for the year of 20_____.

Please mail application and check to:
Montana Public Service Commission
1701 Prospect Avenue
P.O. Box 202601
Helena MT 59620-2601

NOTE: IF YOU PARTICIPATE IN THE UCR (Unified Carrier Registration) PROGRAM AND REGISTERED VEHICLES UNDER THAT PROGRAM, A COPY OF PROOF OF THAT REGISTRATION MUST BE SENT TO THIS OFFICE. IF THE NAME SHOWN ON THAT PROOF MATCHES THE NAME ON THE INTRASTATE AUTHORITY HELD FROM THIS OFFICE NO PURCHASE OF INTRASTATE REGISTRATION RECEIPTS WILL BE REQUIRED.