



**MOTOR VEHICLE WRECKING FACILITY**  
**CHANGE OF OWNERSHIP**

**SECTION I – APPLICANT INFORMATION**

Applicant Name:

MVWF License Number:

Applicant Mailing Address:

Applicant Phone:

Applicant Fax:

Applicant E-mail Address:

Are you the owner of the property where the facility is located? ☐ Yes ☐ No

If yes, attach a copy of the deed or other document that verifies you are the site owner.

If no, provide the name and address of lessor who holds title to the property, attach a copy of the lease or rental agreement.

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

**SECTION II – FACILITY INFORMATION**

Facility Name:

Facility Address:

Facility Phone:

Facility Fax:

Facility Legal Location

(i.e., Section, Township, Range; describe to nearest quarter-quarter section):

Facility Location Geocode:

General description of facility location:

Total acreage of property: \_\_\_\_\_ Wrecking yard acreage: \_\_\_\_\_

EXPLANATION OF CHANGE:

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**SECTION III - CERTIFICATIONS**

***APPLICANT CERTIFICATION***

*I am the party responsible for operation of this proposed facility. I certify that the above described motor vehicle wrecking facility will be constructed and operated in accordance with Sections 75-10-501 through 75-10-542, Montana Code Annotated (MCA), the rules adopted pursuant thereto, and in accordance with conditions which have or may be imposed in the license.*

Applicant Printed Name: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

***COUNTY JUNK VEHICLE COORDINATOR CERTIFICATION***

*I, \_\_\_\_\_, am the County Junk Vehicle Coordinator or Designated*

*Representative of \_\_\_\_\_ County. I certify that I have received a copy of this application.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title: \_\_\_\_\_