



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 Mailing Address:

Facility Phone:

Facility Fax:

Total acreage of property: _____ Wrecking yard acreage: _____

SECTION V - 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: _____