TRAILERS THIS FORM ONLY

Supplemental Application

SCHEDULE C-T

MONTANA DEPARTMENT OF TRANSPORTATION
PO BOX 4639
HELENA, MT 59604-4639
TEL: (406) 444-2998 FAX: (406) 444-0800 or (406) 444-7670

PLEASE MARK THE ITEM YOU ARE REQUESTING WITH THIS FORM

Need Temporary ☐ YES ☐ NO

☐ **Add Vehicle(s) and/or** ☐ **Delete Vehicle(s)**

☐ **New Trailer Fleet for Existing Account**

MILEAGE for MT REQUIRED:_____

(circle one) Actual or Estimated

1	Account Number	Fleet Number	Supplemental Number	License Year	Telephone Number	Fax Number

Legal Name of Company (REQUIRED)	Name of Contact
Doing Business As **(if different than Legal Name)**	**Carrier's** Email Address:

2	TRAILERS LISTED ON THIS PAGE WILL BE QUALIFIED FOR OPERATION IN ALL JURISDICTIONS APPEARING ON YOUR POWER UNIT CAB CARD (REGISTRATION):	**MT** QUAL

(KEY CODES) TYPE OF VEHICLE: **ST** = SEMI-TRAILER **FT** = FULL TRAILER

** **Will the control and responsibility for the safety of this vehicle be assigned to a different motor carrier during the registration year?**

3 VEHICLE LEVEL

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15
EQUIP. NO.	**VEHICLE IDENTIFICATION NUMBER**	**YEAR**	**MAKE**	**VEH TYPE See KEY CODE**	**AXLES**	**EMPTY WT**	**GROSS WT**	**FACTORY PRICE**	**PURCHASE PRICE**	**DATE OF PURCHASE**	**PREV REG.**	**USDOT # (Number Responsible for Safety)**	** **Y N**	**Fed ID /TIN No. (Veh. Level – Fed ID for Safety Inspection)**
							28000							
OWNER:				PHONE #:	( )				JURS. TITLED IN & TITLE #:		/			
							28000							
OWNER:				PHONE #:	( )				JURS. TITLED IN & TITLE #:		/			
							28000							
OWNER:				PHONE #:	( )				JURS. TITLED IN & TITLE #:		/			
							28000							
OWNER:				PHONE #:	( )				JURS. TITLED IN & TITLE #:		/			
							28000							
OWNER:				PHONE #:	( )				JURS. TITLED IN & TITLE #:		/			

4 DELETIONS

1	2	3	4	5	6	7
ORIGINAL SUP.	**EQUIP. NUMBER OEN**	**YEAR**	**MAKE**	**VEHICLE IDENTIFICATION NUMBER**	**APPORTIONED PLATE NUMBER**	**REASON FOR DELETE**

5 MONTANA OPERATORS – The undersigned, under oath, swears under penalty of perjury and penalty of law that this vehicle is insured as prescribed by 61-6-301 MCA, and declares to have knowledge of applicable State and Federal Motor Carrier Safety laws and that the information furnished in this application and the attached schedules are true and correct.

AUTHORIZED SIGNATURE: TITLE: DATE: