Vehicle Services Bureau

VIN Inspection Instructions

SEE PAGE 2 FOR INSPECTION FORM

Vehicle Services Bureau - Helena, MT 59620-1431 Phone (406) 444-3661 Fax (406) 444-0116 • mvdtitleinfo@mt.gov

LEAVE THE FIELD "Owner/Applicant Name" **BLANK** to prevent errors. We will enter your LLC name once it is approved. The DMV will reject this form if the LLC name is not correctly listed in this field.

Have page 2 completed by the VIN inspector. This will need to be accompanied with the **credentials** of the officer/agent who has performed the inspection. **Section 2 must be completed in ink by the inspector, it cannot be typed.**

We recommend to have a cop inspect your VIN, but there may be other options. You can read more about who can inspect your VIN and the required credentials by scanning the QR Code(s) below.

If a mistake is made, the form must be discarded and a new form used. If a field has no information, it must indicate N/A in that box.

VIN INSPECTION GUIDE

CREDENTIALS GUIDE

Year Make/Manufacturer, Model, Color, Body Style must be completed for all vehicles being inspected. Length is used for a trailer that is being inspected.

Step 1: Describe where the identification number is located. Example: "located on the driver's side dash visible through the windshield" or "under the hood on the emissions label affixed to the radiator core support", etc.

Step 2: The identifiers must be listed in the appropriate section. Identifiers will be what the VIN was located on. Example: public VIN under windshield, federal label on driver's door, emission label under the hood, stamped into firewall, etc.

The inspector must sign and print their name as well as list the date, agency, state and badge number. The inspection needs to be legible. Forms which are not complete, inaccurate, or unreadable will be rejected.

Stage 1 Vehicle/OHV Inspection Form MV20

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PO Box 201431 • Helena, MT • 59620-1431 • Phone 406-444-3661 • Fax 406-444-0116 • mvdtitleinfo@mt.gov • mvdmt.gov

1. Applicant Completes

Owner/Applicant Full Name			
Address 309 Wisconsin Ave #13	*City* Whitefish	*State* MT	*Zip* 59937
Phone N/A	*Email* N/A		

2. Inspecting Officer Completes

Year	*Make/Manufacturer*	*Model*
Color	*Body Style*	*Length*
VIN		

Odometer Statement

The (check one) ☐ five-or ☐ six-digit odometer now reads (no tenths) miles: _____

Date (*mm/dd/yyyy*) odometer was read: _____

To the best of my knowledge, the odometer reflects the actual mileage unless one of the following statements is checked. ***DO NOT CHECK UNLESS APPLICABLE:***

- ☐ The odometer reading reflects the amount of mileage **in excess of its mechanical limits.**
- ☐ The odometer reading is not the actual mileage. **Warning – odometer discrepancy.**

Step 1: Describe where the vehicle/OHV identification number was located:

Step 2: List what identifiers you found (public VIN, federal standards, firewall, NHTSA, etc.):

Inspecting Officer Remarks (use reverse side if more space is needed):

Printed Name of Inspector	*Signature of Inspector*	
Law Enforcement Department or Agency		*State*
Badge # (if applicable)	*Date (mm/dd/yyyy)*	