



**MONTANA DEPARTMENT OF TRANSPORTATION
OUTDOOR ADVERTISING CONTROL**

OUTDOOR ADVERTISING PERMIT TAG REPLACEMENT REQUEST

INSTRUCTIONS (Please type or fill out in ink):

1. USE ONE (1) OUTDOOR ADVERTISING PERMIT REPLACEMENT REQUEST FOR EACH SIGN LOCATION.
2. ENCLOSE \$20.00. MAKE CHECK OUT TO THE MONTANA DEPARTMENT OF TRANSPORTATION.
3. THE PERMANENT METAL TAG MUST BE DISPLAYED AT THE APPROPRIATE SIGN LOCATION. FAILURE TO DISPLAY THE TAG SO THAT IT IS VISIBLE FROM THE MAIN-TRAVELED WAY WILL RESULT IN THE ISSUANCE OF A NOTICE OF VIOLATION BY THE DEPARTMENT.
4. RETURN THE COMPLETED FORM TO:

THE MONTANA DEPARTMENT OF TRANSPORTATION
OUTDOOR ADVERTISING CONTROL
2701 PROSPECT AVENUE
P O BOX 201001
HELENA, MONTANA 59620-1001

For assistance in filling out this form, please call (406) 444-6068.

NAME OF RECORD:	OWNER CODE:
ADDRESS OF RECORD:	
CITY:	STATE: ZIPCODE:
TELEPHONE NO.:	
MAILING ADDRESS FOR TAG (If different from above):	
A) LOCATION INFORMATION: IN THE SPACE PROVIDED, PLEASE INDICATE THE COUNTY IN WHICH THE SIGN IS LOCATED, THE NAME AND NUMBER OF THE INTERSTATE, FEDERAL-AID PRIMARY OR STATE HIGHWAY ON WHICH THE SIGN IS LOCATED, AND THE PERMIT NUMBER TO BE REPLACED.	
COUNTY IN WHICH SIGN IS LOCATED:	INTERSTATE, PRIMARY OR STATE HIGHWAY NAME AND NUMBER:
TAG NUMBER TO BE REPLACED:	Replaced by:
B) PERMITS IN VIOLATION OR LITIGATION: IF THE PERMIT WHOSE TAG IS BEING REPLACED IS THE SUBJECT OF A NOTICE OF VIOLATION, AT ISSUE IN AN ADMINISTRATIVE PROCEEDING, OR IS IN LITIGATION, INDICATE THE DEPARTMENT OF TRANSPORTATION NOTICE NUMBER AND CASE NUMBER BELOW:	
MDT VIOLATION NOTICE NUMBER: _____	MDT CASE NUMBER: _____
C) NOTE: THE STATEMENT BELOW MUST BE EXECUTED BY THE OWNER OR OTHER AUTHORIZED REPRESENTATIVE OF THE BUSINESS, CORPORATION OR INDIVIDUAL HOLDING THE PERMIT.	
I HEREBY CERTIFY THAT THE ABOVE-REFERENCED PERMIT TAG HAS BEEN LOST, STOLEN OR DESTROYED AND A REPLACEMENT IS REQUIRED. I FURTHER CERTIFY THAT I AM AUTHORIZED TO SIGN THIS STATEMENT ON BEHALF OF _____ (Name of business, corporation or individual holding permit)	
_____ (Signature of permit holder or representative)	_____ (Position/ Title)
_____ (Printed name of permit holder or representative)	_____ (Date)

FOR MDT USE ONLY:

DATE RECEIVED:	PROCESS APPROVAL:	DATE PROCESSED:	RECEIPT NUMBER:	SYSTEM UPDATE:
				By: _____