



MDT-ROWOAC-017 05/13

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OUTDOOR ADVERTISING CONTROL PERMIT TRANSFER REQUEST

Mail To:
MDT/OAC
P.O. Box 201001
Helena, MT 59620-1001

PART 1: TO BE COMPLETED BY THE SELLER (TRANSFEROR)

OWNER CODE NAME OF SELLER (TRANSFEROR):		OWNER CODE:
ADDRESS OF RECORD:		Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY:	STATE:	ZIP CODE:
		TELEPHONE NO ()
PERMIT NUMBER AND LOCATION INFORMATION: IN THE SPACES PROVIDED, PLEASE INDICATE THE COUNTY, THE NAME AND NUMBER OF THE INTERSTATE, FEDERAL-AID PRIMARY OR STATE HIGHWAY ON WHICH THE SIGN IS LOCATED, AND THE PERMIT(S) OR PERMIT TAG NUMBER(S) TO BE TRANSFERRED.		
COUNTY:	NAME & NUMBER OF HIGHWAY:	PERMIT NUMBER TO TRANSFER:
I HEREBY CERTIFY THAT IT IS MY INTENT THAT THE ABOVE REFERENCED PERMIT(S) BE TRANSFERRED.		
_____		_____
(Signature of permit holder or representative)		(Position or Title)
_____		_____
(Printed name of permit holder or representative)		(Date)

PART 2: TO BE COMPLETED BY THE LANDOWNER

NAME OF LANDOWNER:	ADDRESS:
CITY:	STATE:
ZIP CODE:	TELEPHONE NO:
I CERTIFY THAT I AM THE PERSON IN LAWFUL CONTROL OF THE SITE LOCATION ON WHICH THE SIGN IS LOCATED.	
_____	_____
(Signature of Landowner)	(Date)

PART 3: TO BE COMPLETED BY THE BUYER (TRANSFeree)

NAME OF BUYER:	Is this a new owner code? <input type="checkbox"/> Yes <input type="checkbox"/> No	OWNER CODE NO. (If new, leave blank)
ADDRESS:		Is this a change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No
CITY:	STATE:	ZIP CODE:
		TELEPHONE NO: ()
NOTE: THIS SECTION MUST BE EXECUTED BY THE BUYER (TRANSFeree): I UNDERSTAND THAT IF A PERMIT TRANSFER IS MADE WHEN THE PERMIT IS IN VIOLATION OF SECTION 75-15-101 MCA, OR SECTION 18.6.201 ARM, OR IF A REVOCATION PROCEEDING IS PENDING, I RECEIVE THE PERMIT(S) SUBJECT TO REVOCATION. THE DEPARTMENT OF TRANSPORTATION'S APPROVAL OF A PERMIT TRANSFER DOES NOT CONSTITUTE WAIVER ON THE PART OF THE DEPARTMENT TO PURSUE THE REMEDIES FOR VIOLATION NOTICES ISSUED AGAINST THE PERMIT NOR PRECLUDE THE DEPARTMENT FROM REVOKING THE PERMIT.		
_____		_____
(Signature of Buyer)		(Position or Title)
_____		_____
(Printed Name of Buyer)		(Date)

FOR OFFICIAL USE ONLY

Agent Signature _____	District _____
Signature _____ Coordinator, Outdoor Advertising Control	Date _____