Application/Certification for Organizational License Plates

| Instructions: I | Please complete the | entire application (owner | and/or co-owner). Sub | omit appropriate f | ees with application. |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------|
| Name of Organ | ization: | | | | |
| I certify that the | individual below is a | bona fide member of the at | bove organization: | | |
| Signature of A | uthorized Representa | tive | | | |
| Owner's First Name Middle Last | | | Co-Owner's First Name Middle Last | | |
| Owner's Driver's License Number | | | Co-Owner's Driver's License Number | | |
| Owner's Email Address | | Owner's Phone No. | Co-Owner's Email Address | | Co-Owner's Phone No. |
| Owner's Street | Address | City | Co-Owner's Street Address | | City |
| County | State | Zip Code | County | State | Zip Code |
| I hereby author | I ize the representative | of my organization to review | /release my personal in | formation for officia | al purposes: |
| Owner's Signature Co-Owner's Signature | | | | | |
| Vehicle Inform | ation | | | | |
| Year | Make | Sticker Number | Title Number | | Tag Number |
| Vehicle Identific | ation Number | | I | | |
| Insurance Company | | | Policy/Binder Number | | |
| Insurance Com | pany | | Policy/Binder Numbe | r | |
| | pany Member: (Check On | e) Owner | Policy/Binder Numbe | r | |
| | | | Co-Owner | | lotorcycle |
| Organizational Check Class: | Member: (Check On | ar Multi-Purpose Ve | Co-Owner ehicle Truck 1 to | | lotorcycle |
| Organizational Check Class: Fees: Non Lo | Member: (Check On Passenger Ca ogo Organizational T | ar Multi-Purpose Ve | Co-Owner ehicle Truck 1 to 0.00 | n or less M | |
| Organizational Check Class: Fees: Non Lo | Member: (Check On Passenger Ca ogo Organizational T penalty of perjury, that | ar Multi-Purpose Ve ags: \$20.00 Logo: \$3 | Co-Owner ehicle Truck 1 to 0.00 | n or less M | |
| Organizational Check Class: Fees: Non Lo I certify, under p | Member: (Check On Passenger Ca ogo Organizational T penalty of perjury, that ture | ar Multi-Purpose Ve ags: \$20.00 Logo: \$3 | Co-Owner ehicle Truck 1 to 0.00 ue and correct to the be | n or less M | |
| Organizational Check Class: Fees: Non Lo I certify, under p Owner's Signa Co-Owner's S MVA Use Only | Member: (Check On Passenger Ca ogo Organizational T penalty of perjury, that ture ignature : New Issue | ar Multi-Purpose Ve ags: \$20.00 Logo: \$3 t the above information is tr Substitute | Co-Owner ehicle Truck 1 to 0.00 ue and correct to the be Date Date Surviving Spouse | n or less M st of my knowledge | |
| Organizational Check Class: Fees: Non Lo I certify, under p Owner's Signa Co-Owner's S MVA Use Only Gratis | Member: (Check On Passenger Ca ogo Organizational T penalty of perjury, that ture ignature New Issue Paid App | ar Multi-Purpose Ve ags: \$20.00 Logo: \$3 t the above information is tr Substitute proved by: | Co-Owner ehicle Truck 1 to 0.00 ue and correct to the be Date Date Surviving Spouse | n or less M st of my knowledge | |
| Organizational Check Class: Fees: Non Lo I certify, under p Owner's Signa Co-Owner's S MVA Use Only Gratis You may either Motor Vehicle A | Member: (Check On Passenger Ca ogo Organizational T penalty of perjury, that ture ignature : New Issue Paid App mail your application dministration, Vehicle | ar Multi-Purpose Ve ags: \$20.00 Logo: \$3 t the above information is tr Substitute | Co-Owner ehicle Truck 1 to 0.00 ue and correct to the be Date Date Surviving Spouse T : al Unit; 6601 Ritchie High | n or less M st of my knowledge S/N Tag Issued: | e: |

6601 Ritchie Highway, N.E., Glen Burnie, Maryland 21062 For more information visit our website at **www.mva.maryland.gov**, call **410-768-7000** or TTY for the hearing impaired: **1-800-492-4575**.