

Application/Certification for Organizational License Plates

Name of Organi	ization:				
I certify that the	individual below is a l	oona fide member of the al	bove organization:		
Signature of A	uthorized Representat	ive			
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 authori	ze the representative of	of my organization to revie	/w/release my personal info	 ormation for officia	 al purposes:
Owner's Signa	ture		Co-Owner's Signature)	_
Vehicle Information	ation				
Year	Make	Sticker Number	Title Number		Tag Number
Vehicle Identific	ation Number		I		ı
Insurance Company			Policy/Binder Number		
Organizational	Member: (Check One	e) Owner	 Co-Owner	,	
Check Class: Passenger Car Multi-Purpose Vehicle Truck 1 ton or less Motorcycle					
Fees: Non Lo	ogo Organizational Ta	ngs: \$20.00 Logo: \$3	0.00	,	
I certify, under p	penalty of perjury, that	the above information is tr	rue and correct to the bes	t of my knowledge	e:
Owner's Signature Date					
Co-Owner's Signature			Date		
MVA Use Only:	New Issue	Substitute	Surviving Spouse	S/N	
Gratis	Paid Appı	roved by:	Tag Issued:		
Motor Vehicle A	dministration, Vehicle	and the appropriate fees to Registration Organizationa Glen Burnie and have your	al Unit; 6601 Ritchie Highv	vay, Glen Burnie, I	MD 21062;