



**APPLICATION FOR CERTIFICATE OF TITLE**

READ INSTRUCTIONS ON REVERSE SIDE

APPLICANT'S FIRST NAME			MIDDLE			LAST			CO-APPLICANT'S FIRST NAME			MIDDLE			LAST																				
APPLICANT'S SOUNDINDEX/MARYLAND DRIVER'S LICENSE NO.						DATE OF BIRTH			CO-APPLICANT'S SOUNDINDEX/MARYLAND DRIVER'S LICENSE NO. / FEIN #						DATE OF BIRTH																				
						MONTH   DAY   YEAR									MONTH   DAY   YEAR																				
APPLICANT'S STREET ADDRESS									CITY OR TOWN									CO-APPLICANT'S STREET ADDRESS									CITY OR TOWN								
COUNTY			STATE			ZIP CODE			EMAIL ADDRESS						COUNTY			STATE			ZIP CODE			EMAIL ADDRESS											

IS THE VEHICLE TO BE TITLED AS JOINT TENANTS OR TENANTS BY ENTIRETIES?  JOINT TENANTS  TENANTS BY ENTIRETIES

**VEHICLE DESCRIPTION**

<input type="checkbox"/> NEW VEHICLE	MODEL YEAR	MAKE OF VEHICLE	MODEL NO.	BODY STYLE	VEHICLE IDENTIFICATION NUMBER		
<input type="checkbox"/> USED VEHICLE							
<input type="checkbox"/> TWO STAGE VEHICLE COMPLETE MAKE & YEAR FOR EACH VEHICLE	MODEL YEAR	MAKE OF VEHICLE	TYPE OF FUEL	# OF CYLINDERS	MOTOR CARRIER #	UNIT #	
<input type="checkbox"/> TRUCK	<input type="checkbox"/> TRUCK TRACTOR	<input type="checkbox"/> BUS	<input type="checkbox"/> MOTORCYCLE	<input type="checkbox"/> TRAILER (SPECIFY LENGTH)			
G.V.W.	G.C.W.	AXLES	SEATS	ENGINE NO.	ENGINE SIZE (C.C.)	G.V.W.	TYPE OF TRAILER

If this vehicle is subject to any liens or encumbrances, complete the following section(s). Attach form VR-217 for additional Lien Filings. LIEN FILING FEE \$20.00 for each Lien filed. IF NOT SUBJECT TO A LIEN, WRITE THE WORD "NONE" BELOW.

NAME OF SECURED PARTY	STREET ADDRESS OF SECURED PARTY			KIND OF LIEN (DESCRIBE)	DATE OF LIEN
CITY OR TOWN	STATE	ZIP CODE	AMOUNT OF LIEN	ACCOUNT NUMBER	

**PURCHASE INFORMATION FOR TAX PURPOSES - SEE INFORMATION ON REVERSE SIDE**

<b>IF VEHICLE RECENTLY PURCHASED</b>	<b>MARYLAND DEALER'S CERTIFICATION</b>	<b>DEALERS ONLY</b>
MD. EXCISE	I hereby certify, under penalty of perjury, that the purchase price represents the full amount paid for this vehicle. Date of Delivery _____ DEALER'S NUMBER <u>  N  U  </u> NAME OF DEALERSHIP _____ SIGNATURE OF DEALER _____ DATE _____	CERTIFIED SELLING PRICE
TAX 6% OF \$ _____ FULL PURCHASE PRICE		TRADE-IN ALLOWANCE
ATTACH A NOTARIZED BILL OF SALE SIGNED BY SELLER(S) AND PURCHASER(S)		TAXABLE PRICE
		GROSS TAX COLLECTED
VIN OF TRADE-IN _____ STATE _____		COLL. FEE .6% OF GROSS OR \$12 MAX. FEE ALLOW.
Complete this section in its entirety if you qualify for an Excise Tax Credit in this State. I/we have been resident(s) in Maryland for approximately _____ I/we last registered this vehicle in _____ and paid _____ % tax (if no tax paid, write "NONE") <input type="checkbox"/> Check here if active duty military.		NET TAX REMITTED

**APPLICATION FOR NEW REGISTRATION PLATES OR TRANSFER OF REGISTRATION PLATES**

I/we do hereby make application for:  New Tags  Transfer of Tags  Title Only Is your motor vehicle now suspended or revoked in this or any other state?  Yes  No Is this vehicle to be operated for short term rental?  Yes  No If transferring plates, complete below:

TAG NO. \_\_\_\_\_ and STICKER NO. \_\_\_\_\_ The vehicle to which these plates were affixed has been sold, traded or otherwise transferred to: Name \_\_\_\_\_ Address \_\_\_\_\_ Name of Insurance Co. \_\_\_\_\_ Policy or Binder No. \_\_\_\_\_ Agent or broker \_\_\_\_\_ Class of Tags desired \_\_\_\_\_

Federal and State law requires that you state the mileage in connection with this vehicle. Failure to complete or providing a false statement may result in fines and/or imprisonment.  
I certify to the best of my knowledge that the odometer reading is the actual mileage of the vehicle unless one of the following statements is checked:

ODOMETER READING \_\_\_\_\_ (NO TENTHS)  1. The mileage stated is in excess of its mechanical limits.  2. The odometer reading is not the actual mileage. WARNING - ODOMETER DISCREPANCY.

I/we certify that I/we have compared the manufacturer's vehicle identification number on this application with the number on the vehicle and they agree and that this vehicle is subject to the liens or encumbrances indicated herein and none other. For vehicles registered over 10,000 lbs. by signing this application, I/we certify knowledge of the Federal and State Motor Carrier Safety Laws and certify this vehicle is maintained in compliance with the Maryland Preventive Maintenance Program. If making application for new plates or transfer of registration plates I/we certify under Penalty of Law that the vehicle is covered by at least the minimum amounts of insurance required by the Maryland Motor Vehicle Laws, and further certify that this vehicle will be continuously insured throughout its registration period. I/we further certify under Penalty of Perjury that the statements made herein are true and correct to the best of my knowledge, information and belief.

Signature of Applicant \_\_\_\_\_ Printed Name of Applicant \_\_\_\_\_  
Signature of Co-Applicant \_\_\_\_\_ Printed Name of Co-Applicant \_\_\_\_\_  
Witness my/our Hand(s) and Seal(s) this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_  
Signature of Co-Signer \_\_\_\_\_ Relationship \_\_\_\_\_  
Soundex \_\_\_\_\_ Date of Birth \_\_\_\_\_