



**Temporary Inspection Waiver**

**Fee: \$20.00**

**Section A - To be completed by all applicants regardless of reason for waiver**

**Non Refundable**

Description of Vehicle:

|                            |        |       |                               |                               |        |       |          |
|----------------------------|--------|-------|-------------------------------|-------------------------------|--------|-------|----------|
| Year                       | Make   | Model | Vehicle Identification Number |                               | FEIN # |       |          |
| Full Name of Vehicle Owner |        |       |                               | Full Name of Vehicle Co-Owner |        |       |          |
| Owner's Street Address     |        |       |                               |                               |        |       |          |
| City                       | County | State | Zip Code                      | City                          | County | State | Zip Code |

**Certification of Insurance:** The vehicle described above is covered by personal injury and property damage insurance in the minimum amounts required by the laws of Maryland.

|                   |                      |              |
|-------------------|----------------------|--------------|
| Insurance Company | Policy/Binder Number | Agent/Broker |
|-------------------|----------------------|--------------|

**Odometer Mileage upon Transfer of Ownership** (required by federal/state regulations):

Odometer reading is \_\_\_\_\_ (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**

**Reason for Waiver Request:**

I am a Maryland resident and a member of the U.S Armed Forces stationed outside of Maryland. **(use section B)**

**Section B - To be completed by Maryland members of the U.S. Armed Forces assigned out of state**

I certify that I am a member of the U.S Armed Forces officially assigned to duty at the following military base.

Name/Location of Base \_\_\_\_\_

Military Address \_\_\_\_\_ Maryland Tag # \_\_\_\_\_

I request an inspection waiver due to the above information. Upon returning to Maryland, I will have the vehicle inspected at an authorized Maryland safety inspection station.

|                         |              |      |
|-------------------------|--------------|------|
| Signature of Serviceman | Printed Name | Date |
|-------------------------|--------------|------|

The above named serviceman is assigned to official duty at the above named military base.

|  |              |      |
|--|--------------|------|
| Signature of Commanding Officer (rank) | Printed Name | Date |
|--|--------------|------|

**Section C - To be completed by applicants for transportation to a Maryland inspection station**

Means by which to transport my vehicle to an authorized Maryland inspection station are unavailable. I understand that one 30 day temporary registration will be issued for the purpose of transporting the vehicle to and from an inspection station or weigh station or both.

**TEMPORARY EXPIRATION DATE** \_\_\_\_\_

|                   |      |                      |      |
|-------------------|------|----------------------|------|
| Owner's Signature | Date | Co-Owner's Signature | Date |
|-------------------|------|----------------------|------|

|                      |                         |
|----------------------|-------------------------|
| Owner's Printed Name | Co-Owner's Printed Name |
|----------------------|-------------------------|