

**Application For License: Manufacturer, Second Stage Manufacturer, Distributor, or Factory Branch**

NUMBER	EXPIRATION
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<b>(1) TYPE OF BUSINESS</b>	<b>(2) TYPE OF OWNERSHIP</b>	<b>(3) TYPE OF APPLICATION</b>
Manufacturer Second Stage Manufacturer Distributor Factory Branch	Individual Owner Partnership Corporation	Original Application Renewal - Complete All Sections Amended
<b>IF INCORPORATED UNDER LAWS OF ANOTHER STATE, YOU MUST BE AUTHORIZED TO DO BUSINESS IN MARYLAND.</b>		

  

<b>A</b>	COMPANY NAME (Include Trade Name) _____
<b>B</b>	FEIN _____ STREET ADDRESS _____ CITY STATE ZIP CODE BUSINESS PHONE _____

  

<b>C</b>	Address of each place from which applicant makes substantial contacts with dealers in Maryland.
1	STREET ADDRESS CITY STATE ZIP CODE
2	STREET ADDRESS CITY STATE ZIP CODE

  

<b>D</b>	List name and all other requested information of Owners, Partners, or Officers and Directors. (Attach extra sheet if necessary)
1	FIRST, MIDDLE AND LAST NAME SOC. SEC. NO. POSITION HELD HOME PHONE NUMBER
	STREET ADDRESS (HOME) CITY STATE ZIP CODE
2	FIRST, MIDDLE AND LAST NAME SOC. SEC. NO. POSITION HELD HOME PHONE NUMBER
	STREET ADDRESS (HOME) CITY STATE ZIP CODE
3	FIRST, MIDDLE AND LAST NAME SOC. SEC. NO. POSITION HELD HOME PHONE NUMBER
	STREET ADDRESS (HOME) CITY STATE ZIP CODE

  

<b>E</b>	List all personnel or factory representatives who contact or supervise Dealers in Maryland. (Attach extra sheet if necessary)
1	FIRST, MIDDLE AND LAST NAME SOC. SEC. NO. POSITION HELD HOME PHONE NUMBER
	STREET ADDRESS (HOME) CITY STATE ZIP CODE
2	FIRST, MIDDLE AND LAST NAME SOC. SEC. NO. POSITION HELD HOME PHONE NUMBER
	STREET ADDRESS (HOME) CITY STATE ZIP CODE

  

<b>F</b>	Person to contact regarding this form.
1	FIRST, MIDDLE AND LAST NAME SOC. SEC. NO. POSITION HELD HOME PHONE NUMBER
	STREET ADDRESS (HOME) CITY STATE ZIP CODE
2	FIRST, MIDDLE AND LAST NAME SOC. SEC. NO. POSITION HELD HOME PHONE NUMBER
	STREET ADDRESS (HOME) CITY STATE ZIP CODE



I am not an employer as defined in Article 101, Annotated Code of Maryland and not required to provide employee coverage by the Workmen's Compensation Law; or

I am an employer required to provide employee coverage by the Workmen's Compensation Law and have secured coverage.

NAME OF INSURANCE CO. \_\_\_\_\_ POLICY OR BINDER NO. \_\_\_\_\_

I am a distributor who is authorized by the manufacturer or the manufacturer's authorized importer of the vehicles. (Motor Vehicle Law 15-305 (b) (2)).

List the name and address of the manufacturer below and attach a copy of the manufacturer's agreement.

MANUFACTURER'S NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ BUSINESS PHONE NUMBER \_\_\_\_\_

### NOISE ABATEMENT PROGRAM

Each manufacturer or distributor shall certify to the Administration that all vehicles sold or distributed in this State are in compliance with Code of Maryland Regulations, Title 11, Subtitle 14, Chapter 07, Noise Abatement Program.

The certification shall be signed by all Officers, Owners or Partners and shall be filed annually, and a supplement to the certification shall be filed before the date of introduction of a new model. A list of models of the same model year that are available outside this State that do not comply with the Noise Abatement Program must be included in the Certification.

### APPLICATION CERTIFICATION

I/We hereby certify that the statements in or attached to this application are true and correct to the best of my knowledge and belief, that all vehicles sold in Maryland comply with the provisions of the Noise Abatement program and that the members of this organization are familiar with the provisions of the law under which this application is made.

\_\_\_\_\_  
SIGNATURE / TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE / TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE / TITLE \_\_\_\_\_ DATE \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE / TITLE \_\_\_\_\_ DATE \_\_\_\_\_

SUBMIT COMPLETED APPLICATION, PROPER FEE, AND ADDITIONAL ITEMS AS FOLLOWS:

**NEW APPLICANT**

- A surety bond in the sum of the amount indicated in the schedule below.

1 to 50 vehicles transferred	\$ 25,000.00
51 to 500 vehicles transferred	\$ 50,000.00
501 to 10,000 vehicles transferred	\$100,000.00
over 10,000 vehicles transferred	\$300,000.00
- A copy of the applicant's new motor vehicle warranty.
- A copy of any document which is utilized by the applicant as a dealer agreement.
- A copy of dealer obligations with respect to the preparation and delivery of new motor vehicles.
- A copy of a statement of compensation the applicant agrees to pay the dealer for parts supplied and labor performed by the dealer.
- A copy of brochures and specification sheets covering each model.
- A certificate of origin printed on a secured form approved by the Administration.
- If the applicant is a distributor of new vehicles or new two-stage vehicles constructed or assembled outside of the United States, the application must be accompanied by the manufacturer's agreement authorizing the applicant to distribute the vehicles in this state.
- A list of models of the same model year that are available outside this state that do not comply with the provisions of Maryland's Noise Abatement Program Regulations.

**TWO YEAR LICENSE FEES**

MANUFACTURERS AND DISTRIBUTORS

The license fee is based on the combined number of new vehicles, and new two-stage vehicles, transferred to dealer's in this State during the license period.

1 to 50 vehicles transferred	\$ 200.00
51 to 500 vehicles transferred	\$ 600.00
501 to 10,000 vehicles transferred	\$1,000.00
over 10,000 vehicles transferred	\$2,000.00

FACTORY BRANCH

\$2,000.00

APPROVED \_\_\_\_\_ DATE \_\_\_\_\_

CONCURRENCE \_\_\_\_\_ DATE \_\_\_\_\_



Apply to register to vote with your driver's license transaction. For details ask your customer service representative.