

## Application for the Registration of Transporter of Vehicles or Finance Companies

| Requirements on reverse side                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | Transporter            | Finance Company     |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|------------------------|---------------------|
| Original Application                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                           | Change of Address      | Change of Officers  |
| Company Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                           | Trade Name, if any     |                     |
| Business Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                           | City                   | State      Zip Code |
| Business Phone Number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Employer ID Number (FEIN) | Email Address          |                     |
| <p>1. List type of business conducted at the above location (attach sheet if needed)</p> <p>_____</p> <p>2. Is the above company registered with the Maryland State Police as an inspection station?      Yes      No      Station # _____</p> <p>3. Is a trader's license required by the political subdivision where the above company is located?      Yes      No</p> <p>If so, list the trader's license number: _____      Expiration Date: _____</p> <p>4. Vehicle liability insurance information:</p> <p>_____</p> <p>Insurance Company      Policy or Binder Number      Agent or Broker</p> |                           |                        |                     |
| <b>List all Owners, Partners or Officers of Corporation below:</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                           |                        |                     |
| Name of Owner, Partner or Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | Social Security Number | Home Phone Number   |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | City                   | State      Zip Code |
| Name of Owner, Partner or Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | Social Security Number | Home Phone Number   |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | City                   | State      Zip Code |
| Name of Owner, Partner or Officer                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                           | Social Security Number | Home Phone Number   |
| Street Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                           | City                   | State      Zip Code |
| <p>I/we certify, under penalty of perjury, that the statements made herein are true and correct to the best of my knowledge, information and belief. I/we have read and understand the requirements and limitations of the use of these registration plates and indicated on the reverse side of this application.</p>                                                                                                                                                                                                                                                                                 |                           |                        |                     |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Applicant Signature       | Capacity               | Printed Name        |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Applicant Signature       | Capacity               | Printed Name        |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Applicant Signature       | Capacity               | Printed Name        |

## Guidelines

- Registration plates are not for personal, private or public use.
- The MVA must be notified immediately, in writing, of any change in address, business name, business designation or any other information which appears on the original or renewal application.
- Registration plates must be returned to MVA immediately.
- Registration plates must be returned to MVA immediately if the applicant ceases business operations or if the plates are no longer needed.
- The MVA may suspend or revoke the registration plates if it finds that the holder is not lawfully entitled to them; or if illegal use of such plates is made or knowingly permitted; or, if fraud is committed during the application process; or, upon failure of the applicant to give notice of any factual change in the application or renewal request for the registration plates.

## Restrictions

### Transporters Tags

- The applicant must be equipped to perform the service indicated on the application and have the facilities at a fixed location, adequate and appropriate, for the type of business that is to be conducted.
- Registration plates are to be used on vehicles in the possession of, but not owned by the applicant, and are limited to the operation of vehicles to facilitate delivery, inspection, repair, painting or remodeling; or for the transport of recovered stolen vehicles by insurance companies; or to relocate vehicles among storage facilities and points of pick-up and delivery; or to transport mobile or modular homes.

### Finance Company Tags

- A finance company plate may be used on a vehicle repossessed by, or on behalf of a financial institution, to transport it from the place of repossession, to a storage facility, between storage facilities and to and from repair and inspection facilities.